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|                             |  |                        |  |
|-----------------------------|--|------------------------|--|
| <b>State:</b>               | District of Columbia   | <b>Filing Company:</b> | Group Hospitalization and Medical Services, Inc. |
| <b>TOI/Sub-TOI:</b>         | H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO |                        |  |
| <b>Product Name:</b>        | DC GHMSI Small Group Eff 201601 - ACA                              |                        |  |
| <b>Project Name/Number:</b> | /2034  |                        |  |

## Filing at a Glance

|                           |   |
|---------------------------|---|
| Company:                  | Group Hospitalization and Medical Services, Inc.  |
| Product Name:             | DC GHMSI Small Group Eff 201601 - ACA   |
| State:                    | District of Columbia  |
| TOI:                      | H16G Group Health - Major Medical   |
| Sub-TOI:                  | H16G.003A Small Group Only - PPO  |
| Filing Type:              | Rate  |
| Date Submitted:           | 05/01/2015  |
| SERFF Tr Num:             | CFAP-130056354  |
| SERFF Status:             | Assigned  |
| State Tr Num:             |   |
| State Status:             |   |
| Co Tr Num:                | 2034  |
| Implementation            | 01/01/2016  |
| Date Requested:           |   |
| Author(s):                | Dwayne Lucado, Anna Guloy, Todd Switzer, Brad Boban, Katheryn Barron, Patrick Getts, Britney Tyler, Michaela Berry, Scott Cremens |
| Reviewer(s):              | John Morgan (primary), Damon Siler  |
| Disposition Date:         |   |
| Disposition Status:       |   |
| Implementation Date:      |   |
| State Filing Description: |   |

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|                             |  |                        |  |
|-----------------------------|--|------------------------|--|
| <b>State:</b>               | District of Columbia   | <b>Filing Company:</b> | Group Hospitalization and Medical Services, Inc. |
| <b>TOI/Sub-TOI:</b>         | H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO |                        |  |
| <b>Product Name:</b>        | DC GHMSI Small Group Eff 201601 - ACA                              |                        |  |
| <b>Project Name/Number:</b> | /2034  |                        |  |

## General Information

|  |                                       |
|--|---------------------------------------|
| Project Name:                            | Status of Filing in Domicile: Pending |
| Project Number: 2034                     | Date Approved in Domicile:            |
| Requested Filing Mode: Review & Approval | Domicile Status Comments:             |
| Explanation for Combination/Other:       | Market Type: Group                    |
| Submission Type: New Submission          | Group Market Size: Small              |
| Group Market Type: Employer              | Overall Rate Impact: 10.7%            |
| Filing Status Changed: 05/04/2015        |                                       |
| State Status Changed:                    | Deemer Date:                          |
| Created By: Britney Tyler                | Submitted By: Britney Tyler           |
| Corresponding Filing Tracking Number:    |                                       |

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: Group on Exchange

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by Group Hospitalization & Medical Services, Inc. to Small Groups on the D.C. Exchange. We are submitting 14 benefit plans on the D.C. Exchange.

## Company and Contact

### Filing Contact Information

|                        |                             |
|------------------------|-----------------------------|
| Britney Tyler,         | britney.tyler@carefirst.com |
| 10455 Mill Run Circle  | 410-998-7197 [Phone]        |
| Mail Stop OM1-780      |                             |
| Owings Mills, MD 21117 |                             |

### Filing Company Information

|  |                         |   |
|--|-------------------------|---|
| Group Hospitalization and Medical Services, Inc. | CoCode: 53007           | State of Domicile: District of Columbia |
| 840 First Street NE                              | Group Code:             | Company Type: Hospital,                 |
| Washington, DC 20065                             | Group Name:             | Medical & Dental Service or             |
| (410) 581-3000 ext. [Phone]                      | FEIN Number: 53-0078070 | Indemnity                               |
|  |                         | State ID Number:                        |

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## Filing Fees

|                  |    |
|------------------|----|
| Fee Required?    | No |
| Retaliatory?     | No |
| Fee Explanation: |    |

|                             |  |                          |  |                            |      |
|-----------------------------|--|--------------------------|--|----------------------------|------|
| <b>SERFF Tracking #:</b>    | CFAP-130056354   | <b>State Tracking #:</b> |  | <b>Company Tracking #:</b> | 2034 |
| <b>State:</b>               | District of Columbia   | <b>Filing Company:</b>   | Group Hospitalization and Medical Services, Inc. |                            |      |
| <b>TOI/Sub-TOI:</b>         | H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO |                          |  |                            |      |
| <b>Product Name:</b>        | DC GHMSI Small Group Eff 201601 - ACA                              |                          |  |                            |      |
| <b>Project Name/Number:</b> | /2034  |                          |  |                            |      |

## Rate Information

Rate data applies to filing.

|  |                    |
|--|--------------------|
| <b>Filing Method:</b>                            | Electronic (SERFF) |
| <b>Rate Change Type:</b>                         | Increase           |
| <b>Overall Percentage of Last Rate Revision:</b> | 1.400%             |
| <b>Effective Date of Last Rate Revision:</b>     | 10/01/2015         |
| <b>Filing Method of Last Filing:</b>             | Electronic (SERFF) |

## Company Rate Information

| <b>Company Name:</b>                             | <b>Company Rate Change:</b> | <b>Overall % Indicated Change:</b> | <b>Overall % Rate Impact:</b> | <b>Written Premium Change for this Program:</b> | <b>Number of Policy Holders Affected for this Program:</b> | <b>Written Premium for this Program:</b> | <b>Maximum % Change (where req'd):</b> | <b>Minimum % Change (where req'd):</b> |
|--|-----------------------------|------------------------------------|-------------------------------|---|--|--|--|--|
| Group Hospitalization and Medical Services, Inc. | Increase                    | 10.700%                            | 10.700%                       | \$5,576,485                                     | 19,423   | \$52,008,103                             | 32.900%                                | -2.200%                                |

**State:** District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO  
**Product Name:** DC GHMSI Small Group Eff 201601 - ACA  
**Project Name/Number:** /2034

## Rate Review Detail

### COMPANY:

Company Name: Group Hospitalization and Medical Services, Inc.  
HHS Issuer Id: 78079

### PRODUCTS:

| Product Name                                      | HIOS Product ID | HIOS Submission ID | Number of Covered Lives |
|---|-----------------|--------------------|-------------------------|
| BluePreferred PPO, BluePreferred Multi-State Plan |                 |                    | 34947                   |

Trend Factors:

### FORMS:

New Policy Forms: DC/CF/SG/BP PPO CDH/SIL 1500 (1/16), DC/CF/SG/BP PPO CDH/SIL 2000 (1/16), DC/CF/SG/BP PPO/GOLD 1000 (1/16), DC/CF/SG/BP PPO/GOLD 1500 (1/16), DC/CF/SG/BP PPO/GOLD 500 (1/16), DC/CF/SG/BP PPO/PLAT 0 (1/16), DC/CF/SG/BP PPO/PLAT 500 (1/16), DC/CF/SG/BP PPO/SIL 1000 (1/16), DC/CF/SG/HB PPO/CDH SIL 2000 (1/16), DC/CF/SG/HB PPO/GOLD 1500 (1/16), DC/CF/SG/HB PPO/PLAT 1000 (1/16), DC/CF/SG/HB PPO/PLAT 500 (1/16), DC/CF/SG/INCENT (1/16), DC/CF/SG/MSP PPO/CDH SIL 2000 (1/16), DC/CF/SG/MSP PPO/GOLD 1000 (1/16), DC/CF/SHOP 2016 AMEND (1/16)

Affected Forms: NA

Other Affected Forms: DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (1/12), DC/CF/MEM/BLCRD (1/12), DC/CF/MSP APPEAL (1/14), DC/CF/MSP/EOC (1/14), DC/CF/MSP/GC (1/14), DC/CF/PARTNER (R. 7/09), DC/CF/PT PROTECT (9/10), DC/CF/SHOP/2015 GC AMEND (1/15), DC/CF/SHOP/ELIG (1/14), DC/CF/SHOP/EOC (1/14), DC/CF/SHOP/EXC/DOCS (1/14), DC/CF/SHOP/GC (1/14), DC/GHMSI/DOL APPEAL (R. 11/11), DC/GHMSI/FAM PLAN (8/12), DC/GHMSI-HEALTH GUARANTEE 1/15

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly  
Member Months: 96,252  
Benefit Change: None  
Percent Change Requested: Min: -2.2 Max: 39.9 Avg: 10.7

### PRIOR RATE:

Total Earned Premium: 52,008,103.00  
Total Incurred Claims: 39,382,411.00  
Annual \$: Min: 329.54 Max: 585.47 Avg: 513.14

### REQUESTED RATE:

Projected Earned Premium: 57,594,705.00  
Projected Incurred Claims: 43,026,584.00  
Annual \$: Min: 408.27 Max: 644.36 Avg: 568.26

|                             |  |                          |  |                            |      |
|-----------------------------|--|--------------------------|--|----------------------------|------|
| <b>SERFF Tracking #:</b>    | CFAP-130056354   | <b>State Tracking #:</b> |  | <b>Company Tracking #:</b> | 2034 |
| <b>State:</b>               | District of Columbia   | <b>Filing Company:</b>   | Group Hospitalization and Medical Services, Inc. |                            |      |
| <b>TOI/Sub-TOI:</b>         | H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO |                          |  |                            |      |
| <b>Product Name:</b>        | DC GHMSI Small Group Eff 201601 - ACA                              |                          |  |                            |      |
| <b>Project Name/Number:</b> | /2034  |                          |  |                            |      |

## Rate/Rule Schedule

State:

District of Columbia

Filing Company:

Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name:

DC GHMSI Small Group Eff 201601 - ACA

Project Name/Number:

/2034

| Item No. | Schedule Item Status | Document Name    | Affected Form Numbers (Separated with commas)  | Rate Action | Rate Action Information   | Attachments                          |
|----------|----------------------|------------------|--|-------------|---|--------------------------------------|
| 1        |                      | Rate Filing 2034 | DC/CF/SHOP/GC (1/14),<br>DC/GHMSI/DOL APPEAL (R. 11/11),<br>DC/CF/SHOP/EXC/DOCS (1/14), DC/CF/SHOP/ELIG (1/14), DC/GHMSI/FAM PLAN (8/12), DC/CF/PARTNER (R. 7/09), DC/CF/BLCRD (1/12), DC/CF/MEM/BLCRD (1/12), DC/CF/ANCILLARY AMEND (10/12), DC/CF/PT PROTECT (9/10), DC/GHMSI-HEALTH GUARANTEE 2/08, DC/CF/SHOP/EOC (1/14), DC/CF/SHOP/PPO/PLAT SOB (1/14), DC/CF/SHOP/PPO/BRZ SOB (1/14), DC/CF/SHOP/PPO/10080/SOB (1/14), DC/CF/SHOP/PPO/500/SOB (1/14), DC/CF/SHOP/PPO/1200/SOB (1/14), DC/CF/SHOP/PPO/1000/SOB (1/14), DC/CF/SHOP/PPO/2000/SOB (1/14), DC/CF/SHOP/PPO/4500/SOB (1/14), DC/CF/SHOP/PPO CDH/1400/SOB (1/14), DC/CF/SHOP/PPO HSA/4500 SOB (1/14), DC/CF/SHOP/PPO CDH/2000/SOB (1/14), DC/CF/SHOP/PPO HRA/1000/SOB (1/14), DC/CF/SHOP/PPO CDH/1800/SOB (1/14), DC/CF/GC (1/14), DC/CF/DOCS (1/14), DC/CF/EOC (1/14), DC/CF/PPO/PLAT SOB (1/14), DC/CF/PPO/GOLD SOB (1/14), DC/CF/PPO/BRZ SOB (1/14), DC/CF/PPO/SIL SOB (1/14), | Revised     | Previous State Filing Number: CFAP-129047320<br>Percent Rate Change Request: 10.7 | File_2034_DC_GHMSI 1.1.16_Rates.pdf, |

SERFF Tracking #:

CFAP-130056354

State Tracking #:

Company Tracking #:

2034

State:

District of Columbia

Filing Company:

Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name:

DC GHMSI Small Group Eff 201601 - ACA

Project Name/Number:

/2034

DC/CF/PPO/10080/SOB  
 (1/14), DC/CF/PPO/500/SOB  
 (1/14), DC/CF/PPO/1200/SOB  
 (1/14), DC/CF/PPO/1000/SOB  
 (1/14), DC/CF/PPO/2000/SOB  
 (1/14), DC/CF/PPO/4500/SOB  
 (1/14), DC/CF/PPO  
 CDH/1400/SOB (1/14),  
 DC/CF/PPO HSA/4500 SOB  
 (1/14), DC/CF/PPO  
 CDH/2000/SOB (1/14),  
 DC/CF/PPO HRA/1000/SOB  
 (1/14), DC/CF/PPO  
 CDH/1800/SOB (1/14),  
 DC/CF/MSP/EOC (1-14),  
 DC/CF/MSP/GC (1/14),  
 DC/CF/MSP APPEAL (1/14),  
 DC/CF/SHOP/PPO/GOLD  
 SOB (1/14),  
 DC/CF/SHOP/PPO/SIL SOB  
 (1/14), DC/CF/ SHOP/HB  
 PPO/300 SOB (1/14), DC/CF/  
 SHOP/HB PPO/600 SOB  
 (1/14), DC/CF/ SHOP/HB  
 PPO/1500 SOB (1/14), DC/CF/  
 SHOP/HB PPO CDH/2000  
 SOB (1/14), DC/CF/HB/EOC  
 (1/14), DC/CF/HB PPO/300  
 SOB (1/14), DC/CF/HB  
 PPO/600 SOB (1/14),  
 DC/CF/HB PPO/1500 SOB  
 (1/14), DC/CF/HB PPO  
 CDH/2000 SOB (1/14), and  
 any amendments

**Group Hospitalization & Medical Services, Inc. (GHMSI)  
(NAIC # 53007)**

**Rate Filing # 2034  
D.C. Small Group Products - On Exchange  
Rate Filing Effective 1/1/2016**

**Proposed Individual Base Rates**



**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Form Numbers**

**ON Exchange**

**Forms Used for ALL ON-Exchange GHMSI Group Products**

DC/GHMSI/DOL APPEAL (R. 11/11)  
DC/CF/SHOP/EXC/DOCS (1/14)  
DC/CF/SHOP/ELIG (1/14)  
DC/GHMSI/FAM PLAN (8/12)  
DC/CF/PARTNER (R. 7/09)  
DC/CF/BLCRD (1/12)  
DC/CF/MEM/BLCRD (1/12)  
DC/CF/ANCILLARY AMEND (10/12)  
DC/CF/PT PROTECT (9/10)  
DC/GHMSI-HEALTH GUARANTEE 1/15  
DC/CF/SHOP/2015 GC AMEND (1/15)  
DC/CF/SHOP 2016 AMEND (1/16)  
DC/CF/SG/INCENT (1/16)

**BluePreferred Multi-State Plans**

DC/CF/MSP/EOC (1/14)  
DC/CF/MSP/GC (1/14)  
DC/CF/MSP APPEAL (1/14)  
DC/CF/SG/MSP PPO/CDH SIL 2000 (1/16)  
DC/CF/SG/MSP PPO/GOLD 1000 (1/16)

**BluePreferred**

DC/CF/SHOP/GC (1/14)  
DC/CF/SHOP/EOC (1/14)  
DC/CF/SG/BP PPO CDH/SIL 1500 (1/16)  
DC/CF/SG/BP PPO CDH/SIL 2000 (1/16)  
DC/CF/SG/BP PPO/GOLD 500 (1/16)  
DC/CF/SG/BP PPO/GOLD 1000 (1/16)  
DC/CF/SG/BP PPO/GOLD 1500 (1/16)  
DC/CF/SG/BP PPO/PLAT 0 (1/16)  
DC/CF/SG/BP PPO/PLAT 500 (1/16)  
DC/CF/SG/BP PPO/SIL 1000 (1/16)

**HealthyBlue PPO**

DC/CF/SHOP/GC (1/14)  
DC/CF/SHOP/EOC (1/14)  
DC/CF/SG/HB PPO/CDH SIL 2000 (1/16)  
DC/CF/SG/HB PPO/GOLD 1500 (1/16)  
DC/CF/SG/HB PPO/PLAT 500 (1/16)  
DC/CF/SG/HB PPO/PLAT 1000 (1/16)

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Premiums Effective 01/2016**  
**GHMSI Individual Base Rates - On Exchange**

| HIOS Plan ID   | Product     | Option  | Rx<br>Benefit **                              | In-Network   |                     |             |              |        |                        |         | Out of Network           |        |         |            | Embedded<br>Pediatric | Embedded<br>Pediatric | Metal    | Est. AV | 01/2016<br>Consumer<br>Level Base<br>Rate | 10/2015<br>Consumer<br>Level Base<br>Rate ^ | Rate Change<br><br>01/2016 over<br>10/2015 |
|----------------|-------------|---|---|--------------|---------------------|-------------|--------------|--------|------------------------|---------|--------------------------|--------|---------|------------|-----------------------|-----------------------|----------|---------|---|---|--|
|                |             |   |   | PCP<br>Copay | Specialist<br>Copay | ER<br>Copay | I/P<br>Copay | Co-Ins | Ded                    | OOP Max | Co-Ins *                 | Co-ins | Ded     | OOP<br>Max |                       |                       |          |         | Total                                     | Total                                       |  |
| 78079DC0170001 | PPO         | BlueCross BlueShield Preferred 1000, a Multi-State Plan           | Int: \$10/20%/40%/50% (\$150 Max Copay)       | NA           | NA                  | NA          | NA           | 10%    | \$1,000                | \$3,500 | 30%                      | 10%    | \$2,000 | \$7,000    | Y                     | Y                     | Gold     | 81.60%  | \$515.59                                  | \$447.38                                    | 15.2%                                      |
| 78079DC0170002 | PPO         | BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) | Int: \$10/20%/40%/50% (\$150 Max Copay)       | NA           | NA                  | NA          | NA           | 20%    | \$2,000                | \$4,750 | 40%                      | 20%    | \$4,000 | \$9,500    | Y                     | Y                     | Silver   | 71.99%  | \$418.86                                  | \$357.77                                    | 17.1%                                      |
| 78079DC0220024 | PPO         | BluePreferred PPO Platinum 0                                      | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$10         | \$20                | \$100       | \$200        | NA     | \$0 Med / \$0 Rx       | \$1,500 | \$40 PCP/SPEC, \$300 IP  | \$100  | \$1,500 | \$3,000    | Y                     | Y                     | Platinum | 91.09%  | \$644.36                                  | \$585.47                                    | 10.1%                                      |
| 78079DC0220025 | PPO         | BluePreferred PPO Platinum 500                                    | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$10         | \$20                | \$100       | \$200        | NA     | \$500 Med / \$0 Rx     | \$1,500 | \$40 PCP/SPEC, \$300 IP  | \$100  | \$1,000 | \$3,000    | Y                     | Y                     | Platinum | 88.43%  | \$618.25                                  | \$543.46                                    | 13.8%                                      |
| 78079DC0220021 | PPO         | BluePreferred PPO Gold 500  | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$15         | \$30                | \$250       | \$400        | NA     | \$500 Med / \$250 Rx   | \$4,000 | \$50 PCP/SPEC, \$500 IP  | \$250  | \$1,000 | \$8,000    | Y                     | Y                     | Gold     | 81.50%  | \$527.80                                  | \$474.49                                    | 11.2%                                      |
| 78079DC0220026 | PPO         | BluePreferred PPO Silver 1000                                     | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$40         | \$80                | \$400       | \$500        | NA     | \$1,000 Med / \$100 Rx | \$6,850 | \$100 PCP/SPEC, \$600 IP | \$400  | \$2,000 | \$9,000    | Y                     | Y                     | Silver   | 71.45%  | \$437.88                                  | \$329.54                                    | 32.9%                                      |
| 78079DC0220020 | PPO         | BluePreferred PPO Gold 1000                                       | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$15         | \$30                | \$250       | \$400        | NA     | \$1,000 Med / \$250 Rx | \$4,000 | \$50 PCP/SPEC, \$500 IP  | \$250  | \$2,000 | \$8,000    | Y                     | Y                     | Gold     | 79.07%  | \$514.20                                  | \$462.67                                    | 11.1%                                      |
| 78079DC0220031 | PPO         | BluePreferred PPO Gold 1500                                       | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$15         | \$30                | \$250       | \$400        | NA     | \$1,500 Med / \$250 Rx | \$3,000 | \$50 PCP/SPEC, \$500 IP  | \$250  | \$3,000 | \$6,000    | Y                     | Y                     | Gold     | 78.01%  | \$511.80                                  | \$443.58                                    | 15.4%                                      |
| 78079DC0220022 | PPO HSA/HRA | BluePreferred PPO HSA/HRA Silver 1500                             | Int: \$10/\$45/\$65/50% (\$150 Max Copay)     | \$25         | \$50                | \$250       | \$500        | NA     | \$1,500                | \$6,550 | \$70 PCP/SPEC, \$600 IP  | \$250  | \$3,000 | \$9,000    | Y                     | Y                     | Silver   | 71.57%  | \$419.94                                  | \$429.24                                    | -2.2%                                      |
| 78079DC0220023 | PPO HSA/HRA | BluePreferred PPO HSA/HRA Silver 2000                             | Int: \$10/\$45/\$65/50% (\$150 Max Copay)     | \$25         | \$50                | \$250       | \$500        | NA     | \$2,000                | \$6,000 | \$70 PCP/SPEC, \$600 IP  | \$250  | \$4,000 | \$9,000    | Y                     | Y                     | Silver   | 69.59%  | \$408.27                                  | \$367.43                                    | 11.1%                                      |

| HIOS Plan ID   | Product        | Option                              | Rx<br>Benefit **                             | In-Network   |                     |             |              |               |                      |         | Out of Network |              |                            |         |         | Embedded<br>Pediatric | Embedded<br>Pediatric | Metal    | Est. AV | 01/2016<br>Consumer<br>Level Base<br>Rate | 10/2015<br>Consumer<br>Level Base<br>Rate ^ | Rate Change<br><br>01/2016 over<br>10/2015 |
|----------------|----------------|-------------------------------------|--|--------------|---------------------|-------------|--------------|---------------|----------------------|---------|----------------|--------------|----------------------------|---------|---------|-----------------------|-----------------------|----------|---------|---|---|--|
|                |                |                                     |  | PCP<br>Copay | Specialist<br>Copay | ER<br>Copay | I/P<br>Copay | I/P<br>Co-Ins | Ded                  | OOP Max | ER<br>Copay    | I/P<br>Copay | Other<br>Services<br>Copay | Ded     | OOP Max |                       |                       |          |         | Total                                     | Total                                       |  |
| 78079DC0220030 | HB PPO         | HealthyBlue PPO Platinum 500        | Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay) | \$0          | \$30                | \$200       | \$500        | NA            | \$500 Med / \$0 Rx   | \$1,500 | \$200          | \$600        | \$50                       | \$1,000 | \$3,000 | Y                     | Y                     | Platinum | 88.90%  | \$638.67                                  | \$562.36                                    | 13.6%                                      |
| 78079DC0220029 | HB PPO         | HealthyBlue PPO Platinum 1000       | Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay) | \$0          | \$30                | \$200       | \$500        | NA            | \$1,000 Med / \$0 Rx | \$1,500 | \$200          | \$600        | \$50                       | \$2,000 | \$3,000 | Y                     | Y                     | Platinum | 88.04%  | \$619.52                                  | \$547.58                                    | 13.1%                                      |
| 78079DC0220027 | HB PPO         | HealthyBlue PPO Gold 1500           | Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay) | \$0          | \$30                | \$200       | \$500        | NA            | \$1,500 Med / \$0 Rx | \$5,500 | \$200          | \$600        | \$50                       | \$3,000 | \$9,000 | Y                     | Y                     | Gold     | 81.78%  | \$518.76                                  | \$472.02                                    | 9.9%                                       |
| 78079DC0220028 | HB PPO HSA/HRA | HealthyBlue PPO HSA/HRA Silver 2000 | Int: \$0/\$45/\$65/50% (\$150 Max Copay)     | \$0          | \$45                | \$200       | \$500        | NA            | \$2,000              | \$6,550 | \$200          | \$600        | \$65                       | \$4,000 | \$9,000 | Y                     | Y                     | Silver   | 71.91%  | \$423.93                                  | \$374.04                                    | 13.3%                                      |

\* Includes PCP, Specialist, and IP.

\*\* Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost.

^ This represents the average 10/1/2015 consumer level base rate for the plans being mapped into the current plan.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
 Premiums Effective 04/2016  
 GHMSI Individual Base Rates - On Exchange

| HIOS Plan ID   | Product     | Option  | Rx<br>Benefit **                              | In-Network   |                     |             |             |        |                        |         | Out of Network              |        |         |            | Embedded<br>Pediatric<br>Vision | Embedded<br>Pediatric<br>Dental | Metal<br>Tier | Est. AV | 04/2016<br>Level Base<br>Rate | 01/2016<br>Level Base<br>Rate | Rate<br>Change<br>04/2016<br>over<br>01/2016 |
|----------------|-------------|---|---|--------------|---------------------|-------------|-------------|--------|------------------------|---------|-----------------------------|--------|---------|------------|---------------------------------|---------------------------------|---------------|---------|-------------------------------|-------------------------------|--|
|                |             |   |   | PCP<br>Copay | Specialist<br>Copay | ER<br>Copay | IP<br>Copay | Co-Ins | Ded                    | OOP Max | Co-Ins *                    | Co-ins | Ded     | OOP<br>Max |                                 |                                 |               |         | Total                         | Total                         |  |
| 78079DC0170001 | PPO         | BlueCross BlueShield Preferred 1000, a Multi-State Plan           | Int: \$10/20%/40%/50% (\$150 Max Copay)       | NA           | NA                  | NA          | NA          | 10%    | \$1,000                | \$3,500 | 30%                         | 10%    | \$2,000 | \$7,000    | Y                               | Y                               | Gold          | 81.60%  | \$523.25                      | \$515.59                      | 1.5%   |
| 78079DC0170002 | PPO         | BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) | Int: \$10/20%/40%/50% (\$150 Max Copay)       | NA           | NA                  | NA          | NA          | 20%    | \$2,000                | \$4,750 | 40%                         | 20%    | \$4,000 | \$9,500    | Y                               | Y                               | Silver        | 71.99%  | \$425.07                      | \$418.86                      | 1.5%   |
| 78079DC0220024 | PPO         | BluePreferred PPO Platinum 0                                      | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$10         | \$20                | \$100       | \$200       | NA     | \$0 Med / \$0 Rx       | \$1,500 | \$40<br>PCP/SPEC, \$300 IP  | \$100  | \$1,500 | \$3,000    | Y                               | Y                               | Platinum      | 91.09%  | \$653.92                      | \$644.36                      | 1.5%   |
| 78079DC0220025 | PPO         | BluePreferred PPO Platinum 500                                    | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$10         | \$20                | \$100       | \$200       | NA     | \$500 Med / \$0 Rx     | \$1,500 | \$40<br>PCP/SPEC, \$300 IP  | \$100  | \$1,000 | \$3,000    | Y                               | Y                               | Platinum      | 88.43%  | \$627.43                      | \$618.25                      | 1.5%   |
| 78079DC0220021 | PPO         | BluePreferred PPO Gold 500  | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$15         | \$30                | \$250       | \$400       | NA     | \$500 Med / \$250 Rx   | \$4,000 | \$50<br>PCP/SPEC, \$500 IP  | \$250  | \$1,000 | \$8,000    | Y                               | Y                               | Gold          | 81.50%  | \$535.63                      | \$527.80                      | 1.5%   |
| 78079DC0220026 | PPO         | BluePreferred PPO Silver 1000                                     | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$40         | \$80                | \$400       | \$500       | NA     | \$1,000 Med / \$100 Rx | \$6,850 | \$100<br>PCP/SPEC, \$600 IP | \$400  | \$2,000 | \$9,000    | Y                               | Y                               | Silver        | 71.45%  | \$444.37                      | \$437.88                      | 1.5%   |
| 78079DC0220020 | PPO         | BluePreferred PPO Gold 1000                                       | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$15         | \$30                | \$250       | \$400       | NA     | \$1,000 Med / \$250 Rx | \$4,000 | \$50<br>PCP/SPEC, \$500 IP  | \$250  | \$2,000 | \$8,000    | Y                               | Y                               | Gold          | 79.07%  | \$521.83                      | \$514.20                      | 1.5%   |
| 78079DC0220031 | PPO         | BluePreferred PPO Gold 1500                                       | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$15         | \$30                | \$250       | \$400       | NA     | \$1,500 Med / \$250 Rx | \$3,000 | \$50<br>PCP/SPEC, \$500 IP  | \$250  | \$3,000 | \$6,000    | Y                               | Y                               | Gold          | 78.01%  | \$519.39                      | \$511.80                      | 1.5%   |
| 78079DC0220022 | PPO HSA/HRA | BluePreferred PPO HSA/HRA Silver 1500                             | Int: \$10/\$45/\$65/50% (\$150 Max Copay)     | \$25         | \$50                | \$250       | \$500       | NA     | \$1,500                | \$6,550 | \$70<br>PCP/SPEC, \$600 IP  | \$250  | \$3,000 | \$9,000    | Y                               | Y                               | Silver        | 71.57%  | \$426.17                      | \$419.94                      | 1.5%   |
| 78079DC0220023 | PPO HSA/HRA | BluePreferred PPO HSA/HRA Silver 2000                             | Int: \$10/\$45/\$65/50% (\$150 Max Copay)     | \$25         | \$50                | \$250       | \$500       | NA     | \$2,000                | \$6,000 | \$70<br>PCP/SPEC, \$600 IP  | \$250  | \$4,000 | \$9,000    | Y                               | Y                               | Silver        | 69.59%  | \$414.33                      | \$408.27                      | 1.5%   |

| HIOS Plan ID   | Product           | Option                                 | Rx<br>Benefit **                                   | In-Network   |                     |             |             |              |                            |         | Out of Network<br>Other Services |             |                            |         |         | Embedded<br>Pediatric |                                 |               |         | 04/2016<br>Level Base<br>Rate | 01/2016<br>Level Base<br>Rate | Rate<br>Change<br>04/2016<br>over<br>01/2016 |
|----------------|-------------------|--|--|--------------|---------------------|-------------|-------------|--------------|----------------------------|---------|----------------------------------|-------------|----------------------------|---------|---------|-----------------------|---------------------------------|---------------|---------|-------------------------------|-------------------------------|--|
|                |                   |  |  | PCP<br>Copay | Specialist<br>Copay | ER<br>Copay | IP<br>Copay | IP<br>Co-ins | Ded                        | OOP Max | ER<br>Copay                      | IP<br>Copay | Other<br>Services<br>Copay | Ded     | OOP Max | Vision                | Embedded<br>Pediatric<br>Dental | Metal<br>Tier | Est. AV | Total                         | Total                         |  |
| 78079DC0220030 | HB PPO            | HealthyBlue PPO<br>Platinum 500        | Non-Int:<br>\$0/\$45/\$65/50%<br>(\$150 Max Copay) | \$0          | \$30                | \$200       | \$500       | NA           | \$500 Med<br>/ \$0 Rx      | \$1,500 | \$200                            | \$600       | \$50                       | \$1,000 | \$3,000 | Y                     | Y                               | Platinum      | 88.90%  | \$648.14                      | \$638.67                      | 1.5%   |
| 78079DC0220029 | HB PPO            | HealthyBlue PPO<br>Platinum 1000       | Non-Int:<br>\$0/\$45/\$65/50%<br>(\$150 Max Copay) | \$0          | \$30                | \$200       | \$500       | NA           | \$1,000<br>Med / \$0<br>Rx | \$1,500 | \$200                            | \$600       | \$50                       | \$2,000 | \$3,000 | Y                     | Y                               | Platinum      | 88.04%  | \$628.71                      | \$619.52                      | 1.5%   |
| 78079DC0220027 | HB PPO            | HealthyBlue PPO Gold<br>1500           | Non-Int:<br>\$0/\$45/\$65/50%<br>(\$150 Max Copay) | \$0          | \$30                | \$200       | \$500       | NA           | \$1,500<br>Med / \$0<br>Rx | \$5,500 | \$200                            | \$600       | \$50                       | \$3,000 | \$9,000 | Y                     | Y                               | Gold          | 81.78%  | \$526.46                      | \$518.76                      | 1.5%   |
| 78079DC0220028 | HB PPO<br>HSA/HRA | HealthyBlue PPO<br>HSA/HRA Silver 2000 | Int: \$0/\$45/\$65/50%<br>(\$150 Max Copay)        | \$0          | \$45                | \$200       | \$500       | NA           | \$2,000                    | \$6,550 | \$200                            | \$600       | \$65                       | \$4,000 | \$9,000 | Y                     | Y                               | Silver        | 71.91%  | \$430.22                      | \$423.93                      | 1.5%   |

\* Includes PCP, Specialist, and IP.

\*\* Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Premiums Effective 07/2016**  
**GHMSI Individual Base Rates - On Exchange**

| HIOS Plan ID   | Product     | Option  | Rx<br>Benefit **                              | In-Network   |                     |             |             |        |                        |         | Out of Network           |        |         |            | Embedded<br>Pediatric<br>Vision | Embedded<br>Pediatric<br>Dental | Metal<br>Tier | Est. AV | 07/2016<br>Level Base<br>Rate | 04/2016<br>Level Base<br>Rate | Rate<br>Change<br>07/2016<br>over<br>04/2016 |
|----------------|-------------|---|---|--------------|---------------------|-------------|-------------|--------|------------------------|---------|--------------------------|--------|---------|------------|---------------------------------|---------------------------------|---------------|---------|-------------------------------|-------------------------------|--|
|                |             |   |   | PCP<br>Copay | Specialist<br>Copay | ER<br>Copay | IP<br>Copay | Co-Ins | Ded                    | OOP Max | Co-Ins *                 | Co-ins | Ded     | OOP<br>Max |                                 |                                 |               |         | Total                         | Total                         |  |
| 78079DC0170001 | PPO         | BlueCross BlueShield Preferred 1000, a Multi-State Plan           | Int: \$10/20%/40%/50% (\$150 Max Copay)       | NA           | NA                  | NA          | NA          | 10%    | \$1,000                | \$3,500 | 30%                      | 10%    | \$2,000 | \$7,000    | Y                               | Y                               | Gold          | 81.60%  | \$531.02                      | \$523.25                      | 1.5%   |
| 78079DC0170002 | PPO         | BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) | Int: \$10/20%/40%/50% (\$150 Max Copay)       | NA           | NA                  | NA          | NA          | 20%    | \$2,000                | \$4,750 | 40%                      | 20%    | \$4,000 | \$9,500    | Y                               | Y                               | Silver        | 71.99%  | \$431.39                      | \$425.07                      | 1.5%   |
| 78079DC0220024 | PPO         | BluePreferred PPO Platinum 0                                      | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$10         | \$20                | \$100       | \$200       | NA     | \$0 Med / \$0 Rx       | \$1,500 | \$40 PCP/SPEC, \$300 IP  | \$100  | \$1,500 | \$3,000    | Y                               | Y                               | Platinum      | 91.09%  | \$663.63                      | \$653.92                      | 1.5%   |
| 78079DC0220025 | PPO         | BluePreferred PPO Platinum 500                                    | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$10         | \$20                | \$100       | \$200       | NA     | \$500 Med / \$0 Rx     | \$1,500 | \$40 PCP/SPEC, \$300 IP  | \$100  | \$1,000 | \$3,000    | Y                               | Y                               | Platinum      | 88.43%  | \$636.75                      | \$627.43                      | 1.5%   |
| 78079DC0220021 | PPO         | BluePreferred PPO Gold 500  | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$15         | \$30                | \$250       | \$400       | NA     | \$500 Med / \$250 Rx   | \$4,000 | \$50 PCP/SPEC, \$500 IP  | \$250  | \$1,000 | \$8,000    | Y                               | Y                               | Gold          | 81.50%  | \$543.59                      | \$535.63                      | 1.5%   |
| 78079DC0220026 | PPO         | BluePreferred PPO Silver 1000                                     | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$40         | \$80                | \$400       | \$500       | NA     | \$1,000 Med / \$100 Rx | \$6,850 | \$100 PCP/SPEC, \$600 IP | \$400  | \$2,000 | \$9,000    | Y                               | Y                               | Silver        | 71.45%  | \$450.98                      | \$444.37                      | 1.5%   |
| 78079DC0220020 | PPO         | BluePreferred PPO Gold 1000                                       | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$15         | \$30                | \$250       | \$400       | NA     | \$1,000 Med / \$250 Rx | \$4,000 | \$50 PCP/SPEC, \$500 IP  | \$250  | \$2,000 | \$8,000    | Y                               | Y                               | Gold          | 79.07%  | \$529.58                      | \$521.83                      | 1.5%   |
| 78079DC0220031 | PPO         | BluePreferred PPO Gold 1500                                       | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$15         | \$30                | \$250       | \$400       | NA     | \$1,500 Med / \$250 Rx | \$3,000 | \$50 PCP/SPEC, \$500 IP  | \$250  | \$3,000 | \$6,000    | Y                               | Y                               | Gold          | 78.01%  | \$527.11                      | \$519.39                      | 1.5%   |
| 78079DC0220022 | PPO HSA/HRA | BluePreferred PPO HSA/HRA Silver 1500                             | Int: \$10/\$45/\$65/50% (\$150 Max Copay)     | \$25         | \$50                | \$250       | \$500       | NA     | \$1,500                | \$6,550 | \$70 PCP/SPEC, \$600 IP  | \$250  | \$3,000 | \$9,000    | Y                               | Y                               | Silver        | 71.57%  | \$432.51                      | \$426.17                      | 1.5%   |
| 78079DC0220023 | PPO HSA/HRA | BluePreferred PPO HSA/HRA Silver 2000                             | Int: \$10/\$45/\$65/50% (\$150 Max Copay)     | \$25         | \$50                | \$250       | \$500       | NA     | \$2,000                | \$6,000 | \$70 PCP/SPEC, \$600 IP  | \$250  | \$4,000 | \$9,000    | Y                               | Y                               | Silver        | 69.59%  | \$420.49                      | \$414.33                      | 1.5%   |

| HIOS Plan ID   | Product           | Option                                 | Rx<br>Benefit **                                   | In-Network |            |       |       |        |                            |         | Out of Network |       |                   |         |         | Embedded  |           |          |         | 07/2016                        | 04/2016                        | Rate Change<br>07/2016<br>over<br>04/2016 |
|----------------|-------------------|--|--|------------|------------|-------|-------|--------|----------------------------|---------|----------------|-------|-------------------|---------|---------|-----------|-----------|----------|---------|--------------------------------|--------------------------------|---|
|                |                   |  |  | PCP        | Specialist | ER    | I/P   | I/P    | Ded                        | OOP Max | ER             | I/P   | Other<br>Services | Ded     | OOP Max | Pediatric | Pediatric | Metal    | Est. AV | Consumer<br>Level Base<br>Rate | Consumer<br>Level Base<br>Rate |   |
|                |                   |  |  | Copay      | Copay      | Copay | Copay | Co-ins |                            |         | Copay          | Copay | Copay             |         |         | Copay     | Copay     | Copay    | Copay   | Copay                          | Copay                          |   |
| 78079DC0220030 | HB PPO            | HealthyBlue PPO<br>Platinum 500        | Non-Int:<br>\$0/\$45/\$65/50%<br>(\$150 Max Copay) | \$0        | \$30       | \$200 | \$500 | NA     | \$500<br>Med / \$0<br>Rx   | \$1,500 | \$200          | \$600 | \$50              | \$1,000 | \$3,000 | Y         | Y         | Platinum | 88.90%  | \$657.77                       | \$648.14                       | 1.5%                                      |
| 78079DC0220029 | HB PPO            | HealthyBlue PPO<br>Platinum 1000       | Non-Int:<br>\$0/\$45/\$65/50%<br>(\$150 Max Copay) | \$0        | \$30       | \$200 | \$500 | NA     | \$1,000<br>Med / \$0<br>Rx | \$1,500 | \$200          | \$600 | \$50              | \$2,000 | \$3,000 | Y         | Y         | Platinum | 88.04%  | \$638.05                       | \$628.71                       | 1.5%                                      |
| 78079DC0220027 | HB PPO            | HealthyBlue PPO Gold<br>1500           | Non-Int:<br>\$0/\$45/\$65/50%<br>(\$150 Max Copay) | \$0        | \$30       | \$200 | \$500 | NA     | \$1,500<br>Med / \$0<br>Rx | \$5,500 | \$200          | \$600 | \$50              | \$3,000 | \$9,000 | Y         | Y         | Gold     | 81.78%  | \$534.28                       | \$526.46                       | 1.5%                                      |
| 78079DC0220028 | HB PPO<br>HSA/HRA | HealthyBlue PPO<br>HSA/HRA Silver 2000 | Int: \$0/\$45/\$65/50%<br>(\$150 Max Copay)        | \$0        | \$45       | \$200 | \$500 | NA     | \$2,000                    | \$6,550 | \$200          | \$600 | \$65              | \$4,000 | \$9,000 | Y         | Y         | Silver   | 71.91%  | \$436.62                       | \$430.22                       | 1.5%                                      |

\* Includes PCP, Specialist, and IP.

\*\* Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Premiums Effective 10/2016**  
**GHMSI Individual Base Rates - On Exchange**

| HIOS Plan ID   | Product     | Option  | Rx<br>Benefit **                              | In-Network   |                     |             |              |        |                        |         | Out of Network           |        |         |         | Embedded<br>Pediatric<br>Vision | Embedded<br>Pediatric<br>Dental | Metal<br>Tier | Est. AV | 10/2016<br>Consumer<br>Level Base<br>Rate | 07/2016<br>Consumer<br>Level Base<br>Rate | Rate<br>Change<br>10/2016<br>over<br>07/2016 |
|----------------|-------------|---|---|--------------|---------------------|-------------|--------------|--------|------------------------|---------|--------------------------|--------|---------|---------|---------------------------------|---------------------------------|---------------|---------|---|---|--|
|                |             |   |   | PCP<br>Copay | Specialist<br>Copay | ER<br>Copay | I/P<br>Copay | Co-Ins | Ded                    | OOP Max | Co-Ins *                 | Co-ins | Ded     | OOP Max |                                 |                                 |               |         | Total                                     | Total                                     |  |
| 78079DC0170001 | PPO         | BlueCross BlueShield Preferred 1000, a Multi-State Plan           | Int: \$10/20%/40%/50% (\$150 Max Copay)       | NA           | NA                  | NA          | NA           | 10%    | \$1,000                | \$3,500 | 30%                      | 10%    | \$2,000 | \$7,000 | Y                               | Y                               | Gold          | 81.60%  | \$538.98                                  | \$531.02                                  | 1.5%   |
| 78079DC0170002 | PPO         | BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) | Int: \$10/20%/40%/50% (\$150 Max Copay)       | NA           | NA                  | NA          | NA           | 20%    | \$2,000                | \$4,750 | 40%                      | 20%    | \$4,000 | \$9,500 | Y                               | Y                               | Silver        | 71.99%  | \$437.85                                  | \$431.39                                  | 1.5%   |
| 78079DC0220024 | PPO         | BluePreferred PPO Platinum 0                                      | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$10         | \$20                | \$100       | \$200        | NA     | \$0 Med / \$0 Rx       | \$1,500 | \$40 PCP/SPEC, \$300 IP  | \$100  | \$1,500 | \$3,000 | Y                               | Y                               | Platinum      | 91.09%  | \$673.58                                  | \$663.63                                  | 1.5%   |
| 78079DC0220025 | PPO         | BluePreferred PPO Platinum 500                                    | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$10         | \$20                | \$100       | \$200        | NA     | \$500 Med / \$0 Rx     | \$1,500 | \$40 PCP/SPEC, \$300 IP  | \$100  | \$1,000 | \$3,000 | Y                               | Y                               | Platinum      | 88.43%  | \$646.29                                  | \$636.75                                  | 1.5%   |
| 78079DC0220021 | PPO         | BluePreferred PPO Gold 500  | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$15         | \$30                | \$250       | \$400        | NA     | \$500 Med / \$250 Rx   | \$4,000 | \$50 PCP/SPEC, \$500 IP  | \$250  | \$1,000 | \$8,000 | Y                               | Y                               | Gold          | 81.50%  | \$551.73                                  | \$543.59                                  | 1.5%   |
| 78079DC0220026 | PPO         | BluePreferred PPO Silver 1000                                     | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$40         | \$80                | \$400       | \$500        | NA     | \$1,000 Med / \$100 Rx | \$6,850 | \$100 PCP/SPEC, \$600 IP | \$400  | \$2,000 | \$9,000 | Y                               | Y                               | Silver        | 71.45%  | \$457.74                                  | \$450.98                                  | 1.5%   |
| 78079DC0220020 | PPO         | BluePreferred PPO Gold 1000                                       | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$15         | \$30                | \$250       | \$400        | NA     | \$1,000 Med / \$250 Rx | \$4,000 | \$50 PCP/SPEC, \$500 IP  | \$250  | \$2,000 | \$8,000 | Y                               | Y                               | Gold          | 79.07%  | \$537.52                                  | \$529.58                                  | 1.5%   |
| 78079DC0220031 | PPO         | BluePreferred PPO Gold 1500                                       | Non-Int: \$10/\$45/\$65/50% (\$150 Max Copay) | \$15         | \$30                | \$250       | \$400        | NA     | \$1,500 Med / \$250 Rx | \$3,000 | \$50 PCP/SPEC, \$500 IP  | \$250  | \$3,000 | \$6,000 | Y                               | Y                               | Gold          | 78.01%  | \$535.01                                  | \$527.11                                  | 1.5%   |
| 78079DC0220022 | PPO HSA/HRA | BluePreferred PPO HSA/HRA Silver 1500                             | Int: \$10/\$45/\$65/50% (\$150 Max Copay)     | \$25         | \$50                | \$250       | \$500        | NA     | \$1,500                | \$6,550 | \$70 PCP/SPEC, \$600 IP  | \$250  | \$3,000 | \$9,000 | Y                               | Y                               | Silver        | 71.57%  | \$438.99                                  | \$432.51                                  | 1.5%   |
| 78079DC0220023 | PPO HSA/HRA | BluePreferred PPO HSA/HRA Silver 2000                             | Int: \$10/\$45/\$65/50% (\$150 Max Copay)     | \$25         | \$50                | \$250       | \$500        | NA     | \$2,000                | \$6,000 | \$70 PCP/SPEC, \$600 IP  | \$250  | \$4,000 | \$9,000 | Y                               | Y                               | Silver        | 69.59%  | \$426.79                                  | \$420.49                                  | 1.5%   |

| HIOS Plan ID   | Product        | Option                              | Rx<br>Benefit **                             | In-Network   |                     |             |              |               |                      |         | Out of Network |              |                            |         |         | Embedded<br>Pediatric<br>Vision | Embedded<br>Pediatric<br>Dental | Metal<br>Tier | Est. AV | 10/2016<br>Consumer<br>Level Base<br>Rate | 07/2016<br>Consumer<br>Level Base<br>Rate | Rate<br>Change<br>10/2016 over<br>07/2016 |
|----------------|----------------|-------------------------------------|--|--------------|---------------------|-------------|--------------|---------------|----------------------|---------|----------------|--------------|----------------------------|---------|---------|---------------------------------|---------------------------------|---------------|---------|---|---|---|
|                |                |                                     |  | PCP<br>Copay | Specialist<br>Copay | ER<br>Copay | I/P<br>Copay | I/P<br>Co-ins | Ded                  | OOP Max | ER<br>Copay    | I/P<br>Copay | Other<br>Services<br>Copay | Ded     | OOP Max |                                 |                                 |               |         | Total                                     | Total                                     |   |
| 78079DC0220030 | HB PPO         | HealthyBlue PPO Platinum 500        | Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay) | \$0          | \$30                | \$200       | \$500        | NA            | \$500 Med / \$0 Rx   | \$1,500 | \$200          | \$600        | \$50                       | \$1,000 | \$3,000 | Y                               | Y                               | Platinum      | 88.90%  | \$667.63                                  | \$657.77                                  | 1.5%                                      |
| 78079DC0220029 | HB PPO         | HealthyBlue PPO Platinum 1000       | Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay) | \$0          | \$30                | \$200       | \$500        | NA            | \$1,000 Med / \$0 Rx | \$1,500 | \$200          | \$600        | \$50                       | \$2,000 | \$3,000 | Y                               | Y                               | Platinum      | 88.04%  | \$647.62                                  | \$638.05                                  | 1.5%                                      |
| 78079DC0220027 | HB PPO         | HealthyBlue PPO Gold 1500           | Non-Int: \$0/\$45/\$65/50% (\$150 Max Copay) | \$0          | \$30                | \$200       | \$500        | NA            | \$1,500 Med / \$0 Rx | \$5,500 | \$200          | \$600        | \$50                       | \$3,000 | \$9,000 | Y                               | Y                               | Gold          | 81.78%  | \$542.29                                  | \$534.28                                  | 1.5%                                      |
| 78079DC0220028 | HB PPO HSA/HRA | HealthyBlue PPO HSA/HRA Silver 2000 | Int: \$0/\$45/\$65/50% (\$150 Max Copay)     | \$0          | \$45                | \$200       | \$500        | NA            | \$2,000              | \$6,550 | \$200          | \$600        | \$65                       | \$4,000 | \$9,000 | Y                               | Y                               | Silver        | 71.91%  | \$443.16                                  | \$436.62                                  | 1.5%                                      |

\* Includes PCP, Specialist, and IP.

\*\* Generic/Preferred Brand/Non-Preferred Brand/Specialty High Cost.

|                             |  |                        |  |
|-----------------------------|--|------------------------|--|
| <b>State:</b>               | District of Columbia   | <b>Filing Company:</b> | Group Hospitalization and Medical Services, Inc. |
| <b>TOI/Sub-TOI:</b>         | H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO |                        |  |
| <b>Product Name:</b>        | DC GHMSI Small Group Eff 201601 - ACA                              |                        |  |
| <b>Project Name/Number:</b> | /2034  |                        |  |

## Supporting Document Schedules

|                          |  |
|--------------------------|--|
| <b>Satisfied - Item:</b> | Actuarial Justification                                    |
| <b>Comments:</b>         | This information can be found in the Actuarial Memorandum. |
| <b>Attachment(s):</b>    |  |
| <b>Item Status:</b>      |  |
| <b>Status Date:</b>      |  |

|                          |  |
|--------------------------|--|
| <b>Satisfied - Item:</b> | Actuarial Memorandum   |
| <b>Comments:</b>         |  |
| <b>Attachment(s):</b>    | File_2034_DC_GHMSI 1.1.16_AV_Calculator_Screenshots.pdf<br>File_2034_DC_GHMSI_1.1.16_Actuarial_Letter_Memo.pdf |
| <b>Item Status:</b>      |  |
| <b>Status Date:</b>      |  |

|                          |   |
|--------------------------|---|
| <b>Satisfied - Item:</b> | Actuarial Memorandum and Certifications             |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | File_2034_DC_GHMSI_1.1.16_Actuarial_Letter_Memo.pdf |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |

|                         |   |
|-------------------------|---|
| <b>Bypassed - Item:</b> | Certificate of Authority to File                        |
| <b>Bypass Reason:</b>   | This filing is being submitted directly by the insurer. |
| <b>Attachment(s):</b>   |   |
| <b>Item Status:</b>     |   |
| <b>Status Date:</b>     |   |

|                         |   |
|-------------------------|---|
| <b>Bypassed - Item:</b> | Consumer Disclosure Form  |
| <b>Bypass Reason:</b>   | Since this is the initial filing submission, the required documentation is not yet available. |
| <b>Attachment(s):</b>   |   |
| <b>Item Status:</b>     |   |
| <b>Status Date:</b>     |   |

|                          |  |
|--------------------------|--|
| <b>Satisfied - Item:</b> | Cover Letter All Filings                             |
| <b>Comments:</b>         | Please see the Actuarial Memorandum for these items. |
| <b>Attachment(s):</b>    |  |
| <b>Item Status:</b>      |  |

|                             |  |                        |  |
|-----------------------------|--|------------------------|--|
| <b>State:</b>               | District of Columbia   | <b>Filing Company:</b> | Group Hospitalization and Medical Services, Inc. |
| <b>TOI/Sub-TOI:</b>         | H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO |                        |  |
| <b>Product Name:</b>        | DC GHMSI Small Group Eff 201601 - ACA                              |                        |  |
| <b>Project Name/Number:</b> | /2034  |                        |  |

|                          |  |
|--------------------------|--|
| <b>Status Date:</b>      |  |
| <b>Bypassed - Item:</b>  | DISB Actuarial Memorandum Dataset  |
| <b>Bypass Reason:</b>    | The 2016 dataset can be found below, under "2016 DISB Actuarial Memorandum Dataset." The Plain Language Summary can be found below, under "District of Columbia Plain Language Summary." |
| <b>Attachment(s):</b>    |  |
| <b>Item Status:</b>      |  |
| <b>Status Date:</b>      |  |
| <b>Bypassed - Item:</b>  | District of Columbia and Countrywide Experience for the Last 5 Years (P&C)   |
| <b>Bypass Reason:</b>    | This is not a P&C filing.  |
| <b>Attachment(s):</b>    |  |
| <b>Item Status:</b>      |  |
| <b>Status Date:</b>      |  |
| <b>Bypassed - Item:</b>  | District of Columbia and Countrywide Loss Ratio Analysis (P&C)   |
| <b>Bypass Reason:</b>    | This is not a P&C filing.  |
| <b>Attachment(s):</b>    |  |
| <b>Item Status:</b>      |  |
| <b>Status Date:</b>      |  |
| <b>Satisfied - Item:</b> | Unified Rate Review Template   |
| <b>Comments:</b>         |  |
| <b>Attachment(s):</b>    | Rate Filing Justification Part II GH_1.1.16.pdf<br>DC GHMSI URRT 1.1.16.xlsm<br>File_2034_GHMSI_URRT.pdf   |
| <b>Item Status:</b>      |  |
| <b>Status Date:</b>      |  |
| <b>Satisfied - Item:</b> | 2016 DISB Actuarial Memorandum Dataset   |
| <b>Comments:</b>         |  |
| <b>Attachment(s):</b>    | Actuarial Memo Dataset 2016 - GH_2034_050115_sent.xlsx   |
| <b>Item Status:</b>      |  |
| <b>Status Date:</b>      |  |
| <b>Satisfied - Item:</b> | District of Columbia Plain Language Summary  |
| <b>Comments:</b>         |  |
| <b>Attachment(s):</b>    | Rate Filing Justification Part II GH_1.1.16.pdf  |

|                      |  |                 |  |
|----------------------|--|-----------------|--|
| State:               | District of Columbia   | Filing Company: | Group Hospitalization and Medical Services, Inc. |
| TOI/Sub-TOI:         | H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO |                 |  |
| Product Name:        | DC GHMSI Small Group Eff 201601 - ACA                              |                 |  |
| Project Name/Number: | /2034  |                 |  |

|              |  |
|--------------|--|
| Item Status: |  |
| Status Date: |  |

|                   |  |
|-------------------|--|
| Satisfied - Item: | Trend Support  |
| Comments:         | We have selected an HMO annual pricing trend of 7.0% which is similar to last year but lower than the industry average of 9.5%. To select the 2016 trend, we have fit regression curves to the data to reflect both historical and emerging patterns with a good "R2" statistic. Given the material lapses in small group membership last year, we have examined the experience of "constant groups" (CG) which suggest a trend of approximately 18% to 22% but we have elected to use 7% like last year. Similarly the PPO shows 11% to 12% but we have elected to use 7% like last year. |
| Attachment(s):    | DC_SG_Trend_Support.pdf  |
| Item Status:      |  |
| Status Date:      |  |



|                      |  |                   |  |                     |      |
|----------------------|--|-------------------|--|---------------------|------|
| SERFF Tracking #:    | CFAP-130056354   | State Tracking #: |  | Company Tracking #: | 2034 |
| State:               | District of Columbia   | Filing Company:   | Group Hospitalization and Medical Services, Inc. |                     |      |
| TOI/Sub-TOI:         | H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO |                   |  |                     |      |
| Product Name:        | DC GHMSI Small Group Eff 201601 - ACA                              |                   |  |                     |      |
| Project Name/Number: | /2034  |                   |  |                     |      |

***Attachment DC GHMSI URRT 1.1.16.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment Actuarial Memo Dataset 2016 - GH\_2034\_050115\_sent.xlsx is not a PDF document and cannot be reproduced here.***

**Group Hospitalization & Medical Services, Inc. (GHMSI)**  
**(NAIC # 53007)**

**Rate Filing # 2034**  
**D.C. Small Group Products - On Exchange**  
**Rate Filing Effective 1/1/2016**

**Actuarial Value Calculations**

**CareFirst BlueCross BlueShield (GHMSI)  
DC Small Group**

**Table of Contents**

|    |  |
|----|--|
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| 2  | Table of Contents  |
| 3  | List of DC SG GHMSI Plans & Actuarial Values                                 |
|    | <b><i>AV Screenshots</i></b>   |
| 4  | Platinum - \$0/\$0 Ded, \$1500 OOP, \$10/\$20 - Hospital                     |
| 5  | Platinum - \$0/\$0 Ded, \$1500 OOP, \$10/\$20 - Freestanding                 |
| 6  | Platinum - \$500/\$0 Ded, \$1500 OOP, \$10/\$20 - Hospital                   |
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| 9  | Gold - \$500/\$250 Ded, \$4000 OOP, \$15/\$30 - Freestanding                 |
| 10 | Gold - \$1000/\$250 Ded, \$4000 OOP, \$15/\$30 - Hospital                    |
| 11 | Gold - \$1000/\$250 Ded, \$4000 OOP, \$15/\$30 - Freestanding                |
| 12 | Gold - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Hospital                    |
| 13 | Gold - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Freestanding                |
| 14 | Silver - \$1000/\$100 Ded, \$6850 OOP, \$40/\$80 - Hospital                  |
| 15 | Silver - \$1000/\$100 Ded, \$6850 OOP, \$40/\$80 - Freestanding              |
| 16 | Silver - \$1500 Ded, \$6550 OOP, \$25/\$50 - Hospital                        |
| 17 | Silver - \$1500 Ded, \$6550 OOP, \$25/\$50 - Freestanding                    |
| 18 | Silver - \$2000 Ded, \$6000 OOP, \$25/\$50 - Hospital                        |
| 19 | Silver - \$2000 Ded, \$6000 OOP, \$25/\$50 - Freestanding                    |
| 20 | Platinum - HealthyBlue - \$500/\$0 Ded, \$1500 OOP, \$0/\$30 - Hospital      |
| 21 | Platinum - HealthyBlue - \$500/\$0 Ded, \$1500 OOP, \$0/\$30 - Freestanding  |
| 22 | Platinum - HealthyBlue - \$1000/\$0 Ded, \$1500 OOP, \$0/\$30 - Hospital     |
| 23 | Platinum - HealthyBlue - \$1000/\$0 Ded, \$1500 OOP, \$0/\$30 - Freestanding |
| 24 | Gold - HealthyBlue - \$1500/\$0 Ded, \$5500 OOP, \$0/\$30 - Hospital         |
| 25 | Gold - HealthyBlue - \$1500/\$0 Ded, \$5500 OOP, \$0/\$30 - Freestanding     |
| 26 | Silver - HealthyBlue - \$2000 Ded, \$6550 OOP, \$0/\$45 - Hospital           |
| 27 | Silver - HealthyBlue - \$2000 Ded, \$6550 OOP, \$0/\$45 - Freestanding       |
| 28 | SHOP - BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA)     |
| 29 | SHOP - BlueCross BlueShield Preferred 1000, a Multi-State Plan               |

**CareFirst BlueCross BlueShield (GHMSI)  
DC Small Group**

| <u>Plan Name*</u>  | <u>Metal Level</u> | <u>Actuarial<br/>Value</u> | <u>Page #'s of AV<br/>Screenshot**</u> | <u>Unique<br/>Plan</u> |
|--|--------------------|----------------------------|--|------------------------|
| <b>BlueCross BlueShield Preferred 1000, a Multi-State Plan</b> | Gold               | 81.60%                     | 29                                     | No                     |
| <b>BlueCross BlueShield Preferred 2000, a Multi-State Plan</b> | Silver             | 71.99%                     | 28                                     | No                     |
| BluePreferred PPO Platinum 0                                   | Platinum           | 91.09%                     | 4, 5                                   | Yes                    |
| BluePreferred PPO Platinum 500                                 | Platinum           | 88.43%                     | 6, 7                                   | Yes                    |
| BluePreferred PPO Gold 500                                     | Gold               | 81.50%                     | 8, 9                                   | Yes                    |
| BluePreferred PPO Silver 1000                                  | Silver             | 71.45%                     | 14, 15                                 | Yes                    |
| BluePreferred PPO Gold 1000                                    | Gold               | 79.07%                     | 10, 11                                 | Yes                    |
| BluePreferred PPO Gold 1500                                    | Gold               | 78.01%                     | 12, 13                                 | Yes                    |
| BluePreferred PPO HSA/HRA Silver 1500                          | Silver             | 71.57%                     | 16, 17                                 | Yes                    |
| BluePreferred PPO HSA/HRA Silver 2000                          | Silver             | 69.59%                     | 18, 19                                 | Yes                    |
| HealthyBlue PPO Platinum 500                                   | Platinum           | 88.90%                     | 20, 21                                 | Yes                    |
| HealthyBlue PPO Platinum 1000                                  | Platinum           | 88.04%                     | 22, 23                                 | Yes                    |
| HealthyBlue PPO Gold 1500                                      | Gold               | 81.78%                     | 24, 25                                 | Yes                    |
| HealthyBlue PPO HSA/HRA Silver 2000                            | Silver             | 71.91%                     | 26, 27                                 | Yes                    |

\*Plan Names that are bolded are SHOP plans. These will not have the metal level in the plan name.

\*\*For plans with two pages listed, the final blended AV will be located on the Hospital Inputs page.

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☐
- Desired Metal Tier Platinum

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:                              |
|   | 2nd Tier Utilization:                              |

| Tier 1 Plan Benefit Design            |            |          |
|---------------------------------------|------------|----------|
| Medical                               | Drug       | Combined |
| Deductible (\$)                       | \$0.00     | \$0.00   |
| Coinurance (% , Insurer's Cost Share) | 100.00%    | 100.00%  |
| OOP Maximum (\$)                      | \$1,500.00 |          |
| OOP Maximum if Separate (\$)          |            |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |                                     |                          |                    | Tier 2                                  |   |                          |                    | Tier 1                               | Tier 2                       |
|--|---|-------------------------------------|--------------------------|--------------------|---|---|--------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All            | <input type="checkbox"/> All        |                          |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                          |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                          | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                          | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>            |                          | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>                | <input type="checkbox"/>            |                          | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>                | <input type="checkbox"/>            |                          | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                          | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>                | <input type="checkbox"/>            |                          | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>                | <input type="checkbox"/>            |                          | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            | 100%                     | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                     | \$0.00             |                                      |                              |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                          | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                          | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                          | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 96%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |                                      |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 90%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |                                      |                              |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                          |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                          |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                          | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                          | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                          | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |                                     |
|--|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                    | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                      | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                 | <input type="checkbox"/>            |
| # Days (1-10):   |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?          | <input type="checkbox"/>            |
| # Visits (1-10):   |                                     |
| Begin Primary Care Deductible/Coinurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):   |                                     |

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 90.98%

Metal Tier: Platinum

Copays Weights

|                         |             |     |
|-------------------------|-------------|-----|
| OP Facility Surgery     | \$ 150      | 30% |
| OP Facility Non-Surgery | \$ 50       | 70% |
| Enter OP Copays         |             |     |
| \$ 80                   | \$ 1,902.07 |     |
| \$ 20                   | \$ 198.81   |     |

Assumed Cost / Visit from MECU Report 2014

|       |             |
|-------|-------------|
| \$ 80 | \$ 1,902.07 |
| \$ 20 | \$ 198.81   |

|                     |        |
|---------------------|--------|
| Hospital SoS AV     | 90.98% |
| Freestanding SoS AV | 91.32% |
| Final Blended AV*   | 91.09% |

\*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for FreestandingSoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier Platinum

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design           |            |          |  |
|--------------------------------------|------------|----------|--|
| Medical                              | Drug       | Combined |  |
| Deductible (\$)                      | \$0.00     | \$0.00   |  |
| Coinsurance (% Insurer's Cost Share) | 100.00%    | 100.00%  |  |
| OOP Maximum (\$)                     | \$1,500.00 |          |  |
| OOP Maximum if Separate (\$)         |            |          |  |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All            | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     |                                     |                           | \$100.00           | <input checked="" type="checkbox"/>     |   |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHA)                                     | <input checked="" type="checkbox"/>     |                                     |                           | \$200.00           | <input checked="" type="checkbox"/>     |   |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder                          | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Services  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |                                      |                              |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>                | <input checked="" type="checkbox"/> | 97%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input type="checkbox"/>                | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|   |                                     |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/>            |
| # Days (1-10):  |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/>            |
| # Visits (1-10):  |                                     |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):  |                                     |

Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 91.32%  
 Metal Tier: Platinum

Copays Weights

|                         |             |     |
|-------------------------|-------------|-----|
| OP Facility Surgery     | \$ 50       | 30% |
| OP Facility Non-Surgery | \$ 50       | 70% |
| Enter OP Copays         |             |     |
| \$ 50                   | \$ 1,902.07 |     |
| \$ 20                   | \$ 198.81   |     |

Assumed Cost / Visit from MECU Report 2014

## Inputs for Hospital Site-of-Service

## User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier Platinum

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:                              |
|   | 2nd Tier Utilization:                              |

| Tier 1 Plan Benefit Design           |            |          |
|--------------------------------------|------------|----------|
| Medical                              | Drug       | Combined |
| Deductible (\$)                      | \$500.00   | \$0.00   |
| Coinsurance (% Insurer's Cost Share) | 100.00%    | 100.00%  |
| OOP Maximum (\$)                     | \$1,500.00 |          |
| OOP Maximum if Separate (\$)         |            |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All            | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |                                      |                              |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 96%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

## Options for Additional Benefit Design Limits:

|  |       |
|--|-------|
| Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>          |       |
| Specialty Rx Coinsurance Maximum:  | \$150 |
| Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>                  |       |
| # Days (1-10):   |       |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>           |       |
| # Visits (1-10):   |       |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/> |       |
| # Copays (1-10):   |       |

## Output

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 88.17%  
 Metal Tier: Platinum

Copays Weights

|                         |             |     |
|-------------------------|-------------|-----|
| OP Facility Surgery     | \$ 150      | 30% |
| OP Facility Non-Surgery | \$ 50       | 70% |
| Enter OP Copays         |             |     |
| \$ 80                   | \$ 1,902.07 |     |
| \$ 20                   | \$ 198.81   |     |

|                     |        |
|---------------------|--------|
| Hospital SoS AV     | 88.17% |
| Freestanding SoS AV | 88.95% |
| Final Blended AV*   | 88.43% |

\*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

## Inputs for Freestanding Site-of-Service

## User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier Platinum

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design           |            |          |
|--------------------------------------|------------|----------|
| Medical                              | Drug       | Combined |
| Deductible (\$)                      | \$500.00   | \$0.00   |
| Coinsurance (% Insurer's Cost Share) | 100.00%    | 100.00%  |
| OOP Maximum (\$)                     | \$1,500.00 |          |
| OOP Maximum if Separate (\$)         |            |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All            | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder                          | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>                | <input checked="" type="checkbox"/> | 97%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input type="checkbox"/>                | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

## Options for Additional Benefit Design Limits:

|   |                                     |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/>            |
| # Days (1-10):  |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/>            |
| # Visits (1-10):  |                                     |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):  |                                     |

## Output

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 88.95%  
 Metal Tier: Platinum

Copays Weights

|                         |       |     |
|-------------------------|-------|-----|
| OP Facility Surgery     | \$ 50 | 30% |
| OP Facility Non-Surgery | \$ 50 | 70% |

Enter OP Copays Assumed Cost / Visit from MECU Report 2014

|       |             |
|-------|-------------|
| \$ 50 | \$ 1,902.07 |
| \$ 20 | \$ 198.81   |



Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier Gold

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design             |            |          |          |
|--|------------|----------|----------|
|  | Medical    | Drug     | Combined |
| Deductible (\$)                        | \$500.00   | \$250.00 |          |
| Coinsurance (% , Insurer's Cost Share) | 100.00%    | 100.00%  |          |
| OOP Maximum (\$)                       | \$4,000.00 |          |          |
| OOP Maximum if Separate (\$)           |            |          |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All            |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$250.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSAs)                                   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$400.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$400.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |                                      |                              |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 93%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 85%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|   |                                     |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/>            |
| # Days (1-10):  |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/>            |
| # Visits (1-10):  |                                     |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):  |                                     |

Output

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 80.74%  
 Metal Tier: Gold

Hospital SoS AV 80.74%  
 Freestanding SoS AV 83.03%  
 Final Blended AV\* 81.50%

\*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

## Inputs for Freestanding Site-of-Service

## User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
☐ Desired Metal Tier

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design            |            |          |  |
|---------------------------------------|------------|----------|--|
| Medical                               | Drug       | Combined |  |
| Deductible (\$)                       | \$500.00   | \$250.00 |  |
| Coinurance (% , Insurer's Cost Share) | 100.00%    | 100.00%  |  |
| OOP Maximum (\$)                      | \$4,000.00 |          |  |
| OOP Maximum if Separate (\$)          |            |          |  |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                          |                    | Tier 2                                  |   |                          |                    | Tier 1                               | Tier 2                               |
|--|---|---|--------------------------|--------------------|---|---|--------------------------|--------------------|--------------------------------------|--------------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All            |                          |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                          |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$250.00           | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$400.00           | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Specialist Visit   | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Imaging (CT/PET Scans, MRIs)   | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                     | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                     | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>                | <input type="checkbox"/>                | 89%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |                                      |                                      |
| Outpatient Surgery Physician/Surgical Services                                 | <input type="checkbox"/>                | <input checked="" type="checkbox"/>     | 85%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |                                      |                                      |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                          |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                          |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 50%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |

## Options for Additional Benefit Design Limits:

|  |                                     |
|--|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                    | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                      | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                 | <input type="checkbox"/>            |
| # Days (1-10):   |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?          | <input type="checkbox"/>            |
| # Visits (1-10):   |                                     |
| Begin Primary Care Deductible/Coinurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):   |                                     |

## Output

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.

Actuarial Value: 83.03%

Metal Tier:

Copays Weights

|                         |        |     |
|-------------------------|--------|-----|
| OP Facility Surgery     | \$ 200 | 30% |
| OP Facility Non-Surgery | \$ 200 | 70% |

Enter OP Copays Assumed Cost / Visit from MECU Report 2014

|        |             |
|--------|-------------|
| \$ 200 | \$ 1,902.07 |
| \$ 30  | \$ 198.81   |

## Inputs for Hospital Site-of-Service

## User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
☐ Desired Metal Tier

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design             |            |          |
|--|------------|----------|
| Medical                                | Drug       | Combined |
| Deductible (\$)                        | \$1,000.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 100.00%    | 100.00%  |
| OOP Maximum (\$)                       | \$4,000.00 |          |
| OOP Maximum if Separate (\$)           |            |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All            |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$250.00           | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$400.00           | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder                          | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Services  | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$400.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 93%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 85%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

## Options for Additional Benefit Design Limits:

|   |                                     |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/>            |
| # Days (1-10):  |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/>            |
| # Visits (1-10):  |                                     |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):  |                                     |

## Output

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 78.12%  
 Metal Tier: Gold

Copays Weights

|                         |  |     |
|-------------------------|--|-----|
| OP Facility Surgery     | \$ 300                                     | 30% |
| OP Facility Non-Surgery | \$ 50                                      | 70% |
| Enter OP Copays         |  |     |
| \$ 125                  | Assumed Cost / Visit from MECU Report 2014 |     |
| \$ 30                   | \$ 1,902.07                                |     |
|                         | \$ 198.81                                  |     |

|                     |        |
|---------------------|--------|
| Hospital SoS AV     | 78.12% |
| Freestanding SoS AV | 80.96% |
| Final Blended AV*   | 79.07% |

\*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

## Inputs for Freestanding Site-of-Service

## User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
☐ Desired Metal Tier

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design             |            |          |
|--|------------|----------|
| Medical                                | Drug       | Combined |
| Deductible (\$)                        | \$1,000.00 | \$250.00 |
| Coinsurance (% , Insurer's Cost Share) | 100.00%    | 100.00%  |
| OOP Maximum (\$)                       | \$4,000.00 |          |
| OOP Maximum if Separate (\$)           |            |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All            |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$250.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHA)                                     | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$400.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder                          | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>                | <input checked="" type="checkbox"/>     | 89%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input type="checkbox"/>                | <input checked="" type="checkbox"/>     | 85%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

## Options for Additional Benefit Design Limits:

|   |                                     |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/>            |
| # Days (1-10):  |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/>            |
| # Visits (1-10):  |                                     |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):  |                                     |

## Output

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 80.96%  
 Metal Tier: Gold

Copays Weights

|                         |        |     |
|-------------------------|--------|-----|
| OP Facility Surgery     | \$ 200 | 30% |
| OP Facility Non-Surgery | \$ 200 | 70% |

Enter OP Copays Assumed Cost / Visit from MECU Report 2014

|        |             |
|--------|-------------|
| \$ 200 | \$ 1,902.07 |
| \$ 30  | \$ 198.81   |

## Inputs for Hospital Site-of-Service

## User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
☐ Desired Metal Tier: Gold

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design           |            |          |
|--------------------------------------|------------|----------|
| Medical                              | Drug       | Combined |
| Deductible (\$)                      | \$1,500.00 | \$250.00 |
| Coinsurance (% Insurer's Cost Share) | 100.00%    | 100.00%  |
| OOP Maximum (\$)                     | \$3,500.00 |          |
| OOP Maximum if Separate (\$)         |            |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All            |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$250.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$400.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder                          | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$400.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                | 93%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 85%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

## Options for Additional Benefit Design Limits:

|   |                                     |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/>            |
| # Days (1-10):  |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/>            |
| # Visits (1-10):  |                                     |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):  |                                     |

## Output

Status/Error Messages:

Error: Result is outside of +/- 2 percent de minimis variation.

Actuarial Value:

76.92%

Metal Tier:

|                     |        |
|---------------------|--------|
| Hospital SoS AV     | 76.92% |
| Freestanding SoS AV | 80.20% |
| Final Blended AV*   | 78.01% |

\*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

Copays Weights

|  |             |        |
|--|-------------|--------|
| OP Facility Surgery                        | \$ 300      | 30%    |
| OP Facility Non-Surgery                    | \$ 50       | 70%    |
| Enter OP Copays                            | \$ 125      |        |
| Assumed Cost / Visit from MECU Report 2014 | \$ 1,902.07 |        |
|  | \$ 30       | 198.81 |

## Inputs for Freestanding Site-of-Service

## User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
☐ Desired Metal Tier

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design            |            |          |          |
|---------------------------------------|------------|----------|----------|
|                                       | Medical    | Drug     | Combined |
| Deductible (\$)                       | \$1,500.00 | \$250.00 |          |
| Coinurance (% , Insurer's Cost Share) | 100.00%    | 100.00%  |          |
| OOP Maximum (\$)                      | \$3,500.00 |          |          |
| OOP Maximum if Separate (\$)          |            |          |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                          |                    | Tier 2                                  |   |                          |                    | Tier 1                               | Tier 2                       |
|--|---|---|--------------------------|--------------------|---|---|--------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All            |                          |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                          |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$250.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$400.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder                          | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                |                          |                    | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                     | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>                | <input checked="" type="checkbox"/>     | 89%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |                                      |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input type="checkbox"/>                | <input checked="" type="checkbox"/>     | 85%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |                                      |                              |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                          |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                          |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 50%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

## Options for Additional Benefit Design Limits:

|  |                                     |
|--|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                    | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                      | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                 | <input type="checkbox"/>            |
| # Days (1-10):   |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?          | <input type="checkbox"/>            |
| # Visits (1-10):   |                                     |
| Begin Primary Care Deductible/Coinurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):   |                                     |

## Output

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 80.20%  
 Metal Tier: Gold

Copays Weights

|                         |        |     |
|-------------------------|--------|-----|
| OP Facility Surgery     | \$ 200 | 30% |
| OP Facility Non-Surgery | \$ 200 | 70% |

Enter OP Copays Assumed Cost / Visit from MECU Report 2014

|        |             |
|--------|-------------|
| \$ 200 | \$ 1,902.07 |
| \$ 30  | \$ 198.81   |

## Inputs for Hospital Site-of-Service

## User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☒
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☐
- Desired Metal Tier Silver

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design             |            |          |          |
|--|------------|----------|----------|
|  | Medical    | Drug     | Combined |
| Deductible (\$)                        | \$1,000.00 | \$100.00 |          |
| Coinsurance (% , Insurer's Cost Share) | 100.00%    | 100.00%  |          |
| OOP Maximum (\$)                       | \$6,850.00 |          |          |
| OOP Maximum if Separate (\$)           |            |          |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                                  | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|---|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible?    |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All            |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$400.00           | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$80.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$80.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$80.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |   |                              |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$75.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$80.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 91%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |   |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 60%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |   |                              |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All            | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |

## Options for Additional Benefit Design Limits:

|   |                                     |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input checked="" type="checkbox"/> |
| # Days (1-10):  | 5                                   |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/>            |
| # Visits (1-10):  |                                     |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):  |                                     |

## Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 70.87%

Metal Tier: Silver

Copays Weights

|                         |             |     |
|-------------------------|-------------|-----|
| OP Facility Surgery     | \$ 450      | 30% |
| OP Facility Non-Surgery | \$ 50       | 70% |
| Enter OP Copays         |             |     |
| \$ 170                  | \$ 1,902.07 |     |
| \$ 80                   | \$ 198.81   |     |

|                     |        |
|---------------------|--------|
| Hospital SoS AV     | 70.87% |
| Freestanding SoS AV | 72.60% |
| Final Blended AV*   | 71.45% |

\*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

## Inputs for Freestanding Site-of-Service

## User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☒
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☐
- Desired Metal Tier Silver

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design            |            |          |          |
|---------------------------------------|------------|----------|----------|
|                                       | Medical    | Drug     | Combined |
| Deductible (\$)                       | \$1,000.00 | \$100.00 |          |
| Coinurance (% , Insurer's Cost Share) | 100.00%    | 100.00%  |          |
| OOP Maximum (\$)                      | \$6,850.00 |          |          |
| OOP Maximum if Separate (\$)          |            |          |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                          |                    | Tier 2                                  |   |                          |                    | Tier 1                                  | Tier 2                       |
|--|---|---|--------------------------|--------------------|---|---|--------------------------|--------------------|---|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinurance, if different | Copay, if separate | Copay applies only after deductible?    |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All            |                          |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                          |                    | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$400.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSAs)                                   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$500.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$80.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder                          | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$250.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$80.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$80.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                     | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                     | \$0.00             | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$25.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$80.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 84%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |   |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 60%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |   |                              |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                          |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                          |                    | <input type="checkbox"/> All            | <input type="checkbox"/> All |
| Generics   | <input type="checkbox"/>                | <input type="checkbox"/>                |                          | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                          | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 50%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |

## Options for Additional Benefit Design Limits:

|  |                                     |
|--|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                    | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                      | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                 | <input checked="" type="checkbox"/> |
| # Days (1-10):   | 5                                   |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?          | <input type="checkbox"/>            |
| # Visits (1-10):   |                                     |
| Begin Primary Care Deductible/Coinurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):   |                                     |

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

72.60%

Copays Weights

|                         |        |     |
|-------------------------|--------|-----|
| OP Facility Surgery     | \$ 300 | 30% |
| OP Facility Non-Surgery | \$ 300 | 70% |

| Enter OP Copays | Assumed Cost / Visit from MECU Report 2014 |
|-----------------|--|
| \$ 300          | \$ 1,902.07                                |
| \$ 80           | \$ 198.81                                  |



Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☒

Apply Skilled Nursing Facility Copay per Day? ☒

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier Silver

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:                              |
|   | 2nd Tier Utilization:                              |

| Tier 1 Plan Benefit Design             |      |            |
|--|------|------------|
| Medical                                | Drug | Combined   |
| Deductible (\$)                        |      | \$1,500.00 |
| Coinsurance (% , Insurer's Cost Share) |      | 100.00%    |
| OOP Maximum (\$)                       |      | \$6,550.00 |
| OOP Maximum if Separate (\$)           |      |            |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                                  | Tier 2                       |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|---|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible?    |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$250.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$25.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$25.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            | 100%                      |                    | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 92%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |   |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 75%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |   |                              |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All            | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: \$150

Set a Maximum Number of Days for Charging an IP Copay? ☒

# Days (1-10): 5

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 71.03%

Metal Tier: Silver

Copays Weights

|  |             |     |
|--|-------------|-----|
| OP Facility Surgery                        | \$ 400      | 30% |
| OP Facility Non-Surgery                    | \$ 50       | 70% |
| Enter OP Copays                            | \$ 155      |     |
| Assumed Cost / Visit from MECU Report 2014 | \$ 1,902.07 |     |
|  | \$ 198.81   |     |

|                     |        |
|---------------------|--------|
| Hospital SoS AV     | 71.03% |
| Freestanding SoS AV | 72.64% |
| Final Blended AV*   | 71.57% |

\*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

## Inputs for Freestanding Site-of-Service

## User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☒
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☐
- Desired Metal Tier Silver ▼

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:                              |
|   | 2nd Tier Utilization:                              |

| Tier 1 Plan Benefit Design           |      |            |
|--------------------------------------|------|------------|
| Medical                              | Drug | Combined   |
| Deductible (\$)                      |      | \$1,500.00 |
| Coinsurance (% Insurer's Cost Share) |      | 100.00%    |
| OOP Maximum (\$)                     |      | \$6,550.00 |
| OOP Maximum if Separate (\$)         |      |            |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1 Tier 2                           |                              |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|---|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible?    |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services  | <input type="checkbox"/>                |                                     |                           | \$250.00           | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$500.00           | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$25.00            | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$25.00            | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$250.00           | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            | 100%                      |                    | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$25.00            | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 84%                       |                    | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 75%                       |                    | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All            | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$65.00            | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |

## Options for Additional Benefit Design Limits:

|  |       |
|--|-------|
| Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>          |       |
| Specialty Rx Coinsurance Maximum:  | \$150 |
| Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>       |       |
| # Days (1-10):   | 5     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>           |       |
| # Visits (1-10):   |       |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/> |       |
| # Copays (1-10):   |       |

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

72.64%

Copays Weights

|                         |        |     |
|-------------------------|--------|-----|
| OP Facility Surgery     | \$ 300 | 30% |
| OP Facility Non-Surgery | \$ 300 | 70% |

Enter OP Copays Assumed Cost / Visit from MECU Report 2014

|        |             |
|--------|-------------|
| \$ 300 | \$ 1,902.07 |
| \$ 50  | \$ 198.81   |

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☒

Apply Skilled Nursing Facility Copay per Day? ☒

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier Silver

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:                              |
|   | 2nd Tier Utilization:                              |

| Tier 1 Plan Benefit Design             |      |            |
|--|------|------------|
| Medical                                | Drug | Combined   |
| Deductible (\$)                        |      | \$2,000.00 |
| Coinsurance (% , Insurer's Cost Share) |      | 100.00%    |
| OOP Maximum (\$)                       |      | \$6,000.00 |
| OOP Maximum if Separate (\$)           |      |            |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                                  |  | Tier 2                               |  |  |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|---|--|--------------------------------------|--|--|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible?    |  | Copay applies only after deductible? |  |  |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All |  | <input type="checkbox"/> All         |  |  |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$250.00           | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     |  | <input type="checkbox"/>             |  |  |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     |  | <input type="checkbox"/>             |  |  |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$25.00            | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     |  | <input type="checkbox"/>             |  |  |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     |  | <input type="checkbox"/>             |  |  |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$25.00            | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     |  | <input type="checkbox"/>             |  |  |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     |  | <input type="checkbox"/>             |  |  |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     |  | <input type="checkbox"/>             |  |  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     |  | <input type="checkbox"/>             |  |  |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            | 100%                      |                    | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |   |  | <input type="checkbox"/>             |  |  |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     |  | <input type="checkbox"/>             |  |  |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     |  | <input type="checkbox"/>             |  |  |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     |  | <input type="checkbox"/>             |  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 92%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |   |  |                                      |  |  |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 75%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |   |  |                                      |  |  |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All            |  | <input type="checkbox"/> All         |  |  |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     |  | <input type="checkbox"/>             |  |  |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     |  | <input type="checkbox"/>             |  |  |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>     |  | <input type="checkbox"/>             |  |  |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>                |  | <input type="checkbox"/>             |  |  |

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: \$150

Set a Maximum Number of Days for Charging an IP Copay? ☒

# Days (1-10): 5

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 69.16%

Metal Tier: Silver

Copays Weights

|                         |  |     |
|-------------------------|--|-----|
| OP Facility Surgery     | \$ 400                                     | 30% |
| OP Facility Non-Surgery | \$ 50                                      | 70% |
| Enter OP Copays         |  |     |
| \$ 155                  | Assumed Cost / Visit from MECU Report 2014 |     |
| \$ 50                   | \$ 1,902.07                                |     |
|                         | \$ 198.81                                  |     |

|                     |        |
|---------------------|--------|
| Hospital SoS AV     | 69.16% |
| Freestanding SoS AV | 70.46% |
| Final Blended AV*   | 69.59% |

\*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☒

Apply Skilled Nursing Facility Copay per Day? ☒

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier Silver

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:                              |
|   | 2nd Tier Utilization:                              |

| Tier 1 Plan Benefit Design             |      |            |
|--|------|------------|
| Medical                                | Drug | Combined   |
| Deductible (\$)                        |      | \$2,000.00 |
| Coinsurance (% , Insurer's Cost Share) |      | 100.00%    |
| OOP Maximum (\$)                       |      | \$6,000.00 |
| OOP Maximum if Separate (\$)           |      |            |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                                  | Tier 2                       |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|---|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible?    |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$250.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$25.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$25.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$250.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            | 100%                      |                    | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |   |                              |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$25.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 84%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |   |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 75%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |   |                              |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All            | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|  |       |
|--|-------|
| Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>          |       |
| Specialty Rx Coinsurance Maximum:  | \$150 |
| Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>       |       |
| # Days (1-10):   | 5     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>           |       |
| # Visits (1-10):   |       |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/> |       |
| # Copays (1-10):   |       |

Output

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 70.46%  
 Metal Tier: Silver

Copays Weights

|                         |        |     |
|-------------------------|--------|-----|
| OP Facility Surgery     | \$ 300 | 30% |
| OP Facility Non-Surgery | \$ 300 | 70% |

| Enter OP Copays | Assumed Cost / Visit from MECU Report 2014 |
|-----------------|--|
| \$ 300          | \$ 1,902.07                                |
| \$ 50           | \$ 198.81                                  |

## Inputs for Hospital Site-of-Service

## User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier Platinum

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design             |            |         |          |
|--|------------|---------|----------|
|  | Medical    | Drug    | Combined |
| Deductible (\$)                        | \$500.00   | \$0.00  |          |
| Coinsurance (% , Insurer's Cost Share) | 100.00%    | 100.00% |          |
| OOP Maximum (\$)                       | \$1,500.00 |         |          |
| OOP Maximum if Separate (\$)           |            |         |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All            | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSAs)                                   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder                          | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Services  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |                                      |                              |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 95%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

## Options for Additional Benefit Design Limits:

|   |                                     |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/>            |
| # Days (1-10):  |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/>            |
| # Visits (1-10):  |                                     |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):  |                                     |

## Output

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 88.32%  
 Metal Tier: Platinum

Copays Weights

|  |             |     |
|--|-------------|-----|
| OP Facility Surgery                        | \$ 200      | 30% |
| OP Facility Non-Surgery                    | \$ 50       | 70% |
| Enter OP Copays                            | \$ 95       |     |
| Assumed Cost / Visit from MECU Report 2014 | \$ 1,902.07 |     |
|  | \$ 198.81   |     |

|                     |        |
|---------------------|--------|
| Hospital SoS AV     | 88.32% |
| Freestanding SoS AV | 90.06% |
| Final Blended AV*   | 88.90% |

\*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier: Platinum

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design             |            |         |          |
|--|------------|---------|----------|
|  | Medical    | Drug    | Combined |
| Deductible (\$)                        | \$500.00   | \$0.00  |          |
| Coinsurance (% , Insurer's Cost Share) | 100.00%    | 100.00% |          |
| OOP Maximum (\$)                       | \$1,500.00 |         |          |
| OOP Maximum if Separate (\$)           |            |         |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All            | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSAs)                                   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>                | <input checked="" type="checkbox"/> | 95%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|   |                                     |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/>            |
| # Days (1-10):  |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/>            |
| # Visits (1-10):  |                                     |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):  |                                     |

Output

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 90.06%  
 Metal Tier: Platinum

Copays Weights

|                         |        |     |
|-------------------------|--------|-----|
| OP Facility Surgery     | \$ 100 | 30% |
| OP Facility Non-Surgery | \$ 100 | 70% |

Enter OP Copays

Assumed Cost / Visit from MECU Report 2014

|        |             |
|--------|-------------|
| \$ 100 | \$ 1,902.07 |
|        | \$ 198.81   |

## Inputs for Hospital Site-of-Service

## User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier Platinum

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design             |            |         |          |
|--|------------|---------|----------|
|  | Medical    | Drug    | Combined |
| Deductible (\$)                        | \$1,000.00 | \$0.00  |          |
| Coinsurance (% , Insurer's Cost Share) | 100.00%    | 100.00% |          |
| OOP Maximum (\$)                       | \$1,500.00 |         |          |
| OOP Maximum if Separate (\$)           |            |         |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All            | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 95%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

## Options for Additional Benefit Design Limits:

|   |                                     |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/>            |
| # Days (1-10):  |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/>            |
| # Visits (1-10):  |                                     |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):  |                                     |

## Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

87.52%

|                         | Copays                                     | Weights |
|-------------------------|--|---------|
| OP Facility Surgery     | \$ 200                                     | 30%     |
| OP Facility Non-Surgery | \$ 50                                      | 70%     |
| Enter OP Copays         | Assumed Cost / Visit from MECU Report 2014 |         |
| \$ 95                   | \$ 1,902.07                                |         |
|                         | \$ 198.81                                  |         |

|                     |        |
|---------------------|--------|
| Hospital SoS AV     | 87.52% |
| Freestanding SoS AV | 89.07% |
| Final Blended AV*   | 88.04% |

\*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

## Inputs for Freestanding Site-of-Service

## User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design             |            |         |          |
|--|------------|---------|----------|
|  | Medical    | Drug    | Combined |
| Deductible (\$)                        | \$1,000.00 | \$0.00  |          |
| Coinsurance (% , Insurer's Cost Share) | 100.00%    | 100.00% |          |
| OOP Maximum (\$)                       | \$1,500.00 |         |          |
| OOP Maximum if Separate (\$)           |            |         |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All            | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>                | <input checked="" type="checkbox"/> | 95%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

## Options for Additional Benefit Design Limits:

|   |                                     |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/>            |
| # Days (1-10):  |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/>            |
| # Visits (1-10):  |                                     |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):  |                                     |

## Output

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 89.07%  
 Metal Tier: Platinum

Copays Weights

|                         |        |     |
|-------------------------|--------|-----|
| OP Facility Surgery     | \$ 100 | 30% |
| OP Facility Non-Surgery | \$ 100 | 70% |

Enter OP Copays

Assumed Cost / Visit from MECU Report 2014

|        |             |
|--------|-------------|
| \$ 100 | \$ 1,902.07 |
| \$ -   | \$ 198.81   |



## Inputs for Hospital Site-of-Service

## User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier: Gold

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design             |            |         |          |
|--|------------|---------|----------|
|  | Medical    | Drug    | Combined |
| Deductible (\$)                        | \$1,500.00 | \$0.00  |          |
| Coinsurance (% , Insurer's Cost Share) | 100.00%    | 100.00% |          |
| OOP Maximum (\$)                       | \$5,500.00 |         |          |
| OOP Maximum if Separate (\$)           |            |         |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All            | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSAs)                                   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder                          | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Services  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 95%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

## Options for Additional Benefit Design Limits:

|   |                                     |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/>            |
| # Days (1-10):  |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/>            |
| # Visits (1-10):  |                                     |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):  |                                     |

## Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 80.47%

Metal Tier: Gold

Copays Weights

|  |             |     |
|--|-------------|-----|
| OP Facility Surgery                        | \$ 200      | 30% |
| OP Facility Non-Surgery                    | \$ 50       | 70% |
| Enter OP Copays                            | \$ 95       |     |
| Assumed Cost / Visit from MECU Report 2014 | \$ 1,902.07 |     |
|  | \$ 198.81   |     |

|                     |        |
|---------------------|--------|
| Hospital SoS AV     | 80.47% |
| Freestanding SoS AV | 84.41% |
| Final Blended AV*   | 81.78% |

\*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

## Inputs for Freestanding Site-of-Service

## User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
☐ Desired Metal Tier

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design             |            |         |          |
|--|------------|---------|----------|
|  | Medical    | Drug    | Combined |
| Deductible (\$)                        | \$1,500.00 | \$0.00  |          |
| Coinsurance (% , Insurer's Cost Share) | 100.00%    | 100.00% |          |
| OOP Maximum (\$)                       | \$5,500.00 |         |          |
| OOP Maximum if Separate (\$)           |            |         |          |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input type="checkbox"/> All            | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder                          | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Services  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>                | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>                | <input checked="" type="checkbox"/> | 95%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Surgery Physician/Surgical Services                                 | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

## Options for Additional Benefit Design Limits:

|   |                                     |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/>            |
| # Days (1-10):  |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/>            |
| # Visits (1-10):  |                                     |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):  |                                     |

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

84.41%

Copays Weights

|                         |        |     |
|-------------------------|--------|-----|
| OP Facility Surgery     | \$ 100 | 30% |
| OP Facility Non-Surgery | \$ 100 | 70% |

Enter OP Copays

Assumed Cost / Visit from MECU Report 2014

|        |             |
|--------|-------------|
| \$ 100 | \$ 1,902.07 |
| \$ -   | \$ 198.81   |

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☒

Apply Skilled Nursing Facility Copay per Day? ☒

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier Silver

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:                              |
|   | 2nd Tier Utilization:                              |

| Tier 1 Plan Benefit Design             |      |            |
|--|------|------------|
| Medical                                | Drug | Combined   |
| Deductible (\$)                        |      | \$2,000.00 |
| Coinsurance (% , Insurer's Cost Share) |      | 100.00%    |
| OOP Maximum (\$)                       |      | \$6,550.00 |
| OOP Maximum if Separate (\$)           |      |            |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                               |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|--------------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Mental/Behavioral Health and Substance Abuse Disorder                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Outpatient Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 95%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                                      |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 77%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                                      |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: \$150

Set a Maximum Number of Days for Charging an IP Copay? ☒

# Days (1-10): 5

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 71.55%

Metal Tier: Silver

Copays Weights

|  |             |        |
|--|-------------|--------|
| OP Facility Surgery                        | \$ 200      | 30%    |
| OP Facility Non-Surgery                    | \$ 50       | 70%    |
| Enter OP Copays                            | \$ 95       |        |
| Assumed Cost / Visit from MECU Report 2014 | \$ 1,902.07 |        |
|  | \$ 45       | 198.81 |

|                     |        |
|---------------------|--------|
| Hospital SoS AV     | 71.55% |
| Freestanding SoS AV | 72.63% |
| Final Blended AV*   | 71.91% |

\*Blending assumes a weight of 2/3 for Hospital SoS and 1/3 for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☒

Apply Skilled Nursing Facility Copay per Day? ☒

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier Silver

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:                              |
|   | 2nd Tier Utilization:                              |

| Tier 1 Plan Benefit Design             |      |            |
|--|------|------------|
| Medical                                | Drug | Combined   |
| Deductible (\$)                        |      | \$2,000.00 |
| Coinsurance (% , Insurer's Cost Share) |      | 100.00%    |
| OOP Maximum (\$)                       |      | \$6,550.00 |
| OOP Maximum if Separate (\$)           |      |            |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                               |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|--------------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | Copay applies only after deductible? |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$200.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$500.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 95%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 77%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All         |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$45.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$65.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>             |

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: \$150

Set a Maximum Number of Days for Charging an IP Copay? ☒

# Days (1-10): 5

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

# Copays (1-10):

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.

Actuarial Value: 72.63%

Metal Tier:

Copays Weights

|                         |        |     |
|-------------------------|--------|-----|
| OP Facility Surgery     | \$ 100 | 30% |
| OP Facility Non-Surgery | \$ 100 | 70% |

| Enter OP Copays | Assumed Cost / Visit from MECU Report 2014 |
|-----------------|--|
| \$ 100          | \$ 1,902.07                                |
| \$ 45           | \$ 198.81                                  |

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☐  
 Apply Skilled Nursing Facility Copay per Day? ☐  
 Use Separate OOP Maximum for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR Standard? ☐  
 Desired Metal Tier Silver

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:                              |
|   | 2nd Tier Utilization:                              |

| Tier 1 Plan Benefit Design             |      |            |
|--|------|------------|
| Medical                                | Drug | Combined   |
| Deductible (\$)                        |      | \$2,000.00 |
| Coinsurance (% , Insurer's Cost Share) |      | 80.00%     |
| OOP Maximum (\$)                       |      | \$4,750.00 |
| OOP Maximum if Separate (\$)           |      |            |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

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| Type of Benefit  | Tier 1                                  |   |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| <b>Drugs</b>   | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 80%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 60%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

Options for Additional Benefit Design Limits:

|   |                                     |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/>            |
| # Days (1-10):  |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/>            |
| # Visits (1-10):  |                                     |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):  |                                     |

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.99%

Metal Tier:

Silver

Copays Weights

|                         |      |     |
|-------------------------|------|-----|
| OP Facility Surgery     | \$ - | 30% |
| OP Facility Non-Surgery | \$ - | 70% |

|                 |    |  |  |
|-----------------|----|--|--|
| Enter OP Copays |    | Assumed Cost / Visit from MECU Report 2014 |  |
| \$ -            | \$ | 1,902.07                                   |  |
| \$ -            | \$ | 198.81                                     |  |

## User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier Gold

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization:     |

| Tier 1 Plan Benefit Design             |      |            |
|--|------|------------|
| Medical                                | Drug | Combined   |
| Deductible (\$)                        |      | \$1,000.00 |
| Coinsurance (% , Insurer's Cost Share) |      | 90.00%     |
| OOP Maximum (\$)                       |      | \$3,500.00 |
| OOP Maximum if Separate (\$)           |      |            |

| Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|----------|
| Medical                    | Drug | Combined |
|                            |      |          |
|                            |      |          |
|                            |      |          |

[Click Here for Important Instructions](#)

| Type of Benefit  | Tier 1                                  |                                     |                           |                    | Tier 2                                  |   |                           |                    | Tier 1                               | Tier 2                       |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
|  | Subject to Deductible?                  | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? |                              |
| <b>Medical</b>   | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Emergency Room Services  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialist Visit   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>                | <input type="checkbox"/>            |                           |                    | <input type="checkbox"/>                | <input type="checkbox"/>                |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> |                           |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |                                      |                              |
| <b>Drugs</b>   | <input type="checkbox"/> All            | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    | <input type="checkbox"/> All         | <input type="checkbox"/> All |
| Generics   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/>     |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 80%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 60%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    | <input type="checkbox"/>             | <input type="checkbox"/>     |

## Options for Additional Benefit Design Limits:

|   |                                     |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments?                     | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       | \$150                               |
| Set a Maximum Number of Days for Charging an IP Copay?                  | <input type="checkbox"/>            |
| # Days (1-10):  |                                     |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?           | <input type="checkbox"/>            |
| # Visits (1-10):  |                                     |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):  |                                     |

## Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.60%

Gold

Copays      Weights

|                         |      |     |
|-------------------------|------|-----|
| OP Facility Surgery     | \$ - | 30% |
| OP Facility Non-Surgery | \$ - | 70% |

| Enter OP Copays |    | Assumed Cost / Visit from MECU Report 2014 |  |
|-----------------|----|--|--|
| \$ -            | \$ | 1,902.07                                   |  |
| \$ -            | \$ | 198.81                                     |  |

**CAREFIRST BLUECROSS BLUESHIELD**  
**PART III ACTUARIAL MEMORANDUM**

**1. REDACTED ACTUARIAL MEMORANDUM (AM):** CareFirst (CF) is making no redactions so both AM submissions are the same.

**2. GENERAL INFORMATION:**

**Company Legal Name:** Group Hospitalization and Medical Services, Inc. (NAIC # 53007) (GHMSI).

**State:** District of Columbia.

**HIOS Issuer ID:** 78079.

**Market:** Small Group (SG) – On Exchange.

**Effective Date:** 1/1/16 and quarterly incremental “trend” increases effective 4/1/16, 7/1/16 and 10/1/16.

**Primary Contact Name:** Mr. Dwayne Lucado, F.S.A., M.A.A.A.

**Primary Contact Telephone Number:** 410-998-7519.

**Primary Contact E-Mail Address:** Dwayne.Lucado@CareFirst.com.

**3. PROPOSED RATE INCREASE(S):** GHMSI is proposing to raise premiums by 15.2% on average for 1Q16, prior to age band changes. Without risk adjustment, this GHMSI renewal would have been approximately 25.2%. Without a merged index rate (Individual Non-Medigap (INM) and SG), this 15.2% renewal would have been approximately 11.4% (3.8 points lower) due to the dominance of the SG business (with typically higher index rate than INM products) in the merged pool. (For CF overall (including SG HMO business) the proposed average renewal is 10.4%.) The range for GHMSI is 1.9% to 24.3% for 1Q16. For renewing customers, an age band change adds 2.6% to the renewal, on average, with a range of 0.0% to 3.9% for ages 22 and upwards per the DC age curve. The estimated average renewals for 2Q16, 3Q16, and 4Q16 will be 15.4%, 15.5% and 15.6%, respectively. Consistent with 45 CFR Part § 155.705(b)(6) and Market Standards Proposed Rules 78 FR 13406 and 37032, we understand that we may subsequently file for changes to the post-1Q16 quarterly rate changes proposed herein if deemed necessary. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaleed benefit plans.

**Reason for Rate Increase(s):** The main driver of the 2016 rate increase is the actual claims experience of the 2014 single risk pool (SRP) that documents a morbidity risk factor that is higher than assumed in the approved 2015 rates. An analysis of the membership composition as of February 2015 indicates that the percentage of the pool that was previously medically underwritten has declined significantly. Additionally, the morbidity of the new SGs size 51-100 that migrate to the SG pool is projected to be higher than the morbidity of existing SGs. Both of these shifts in the enrollment composition produce a morbidity estimate that is materially higher than the 2014 actual morbidity risk factor and the 2015 rate filing assumption. In addition, medical cost and utilization trends also impact the rate increases. The range of the renewals is driven heavily by the impact of changes in member cost-sharing resulting from the mapping of 2015 plans to our proposed 2016 plans.

**4. MARKET EXPERIENCE:**

**4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS:** The incurred period is 1/1/14 through 12/31/14, as required.

**Paid Through Date:** 2/28/15.

**Premiums (Net of MLR Rebate) in Experience Period:** \$233,946,407 (Merged).

**Allowed and Incurred Claims From Experience Period:** \$224,217,593 (Merged Index Rate).

**4.2 - BENEFIT CATEGORIES:**

Inpatient (hospital).

Outpatient (hospital) (OP).

Professional.

Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other).

Prescription drug (Rx).  
Capitations.

#### 4.3 - PROJECTION FACTORS:

**Changes in the Morbidity of the Population Insured:** The morbidity risk factor projections are based upon 2014 known age-normalized allowed claims costs per member per month (PMPM), projected for various categories of the estimated 2016 membership. These categories are based upon the prior status of the members in the 2013 year – previous CF members (medically underwritten Individual PPACA experience, ACA experience for those previously underwritten members who chose an ACA product, SG, large group), and Other new entrants (either previously uninsured or previously insured with a competitor). The risk factor for each category is expressed in terms of age-normalized allowed claims PMPM cost, and is calculated by comparing the PMPM claims cost by category to the 2013 GHMSI INM membership PMPM cost.

In projecting the 2016 SRP, we examined 2014 claims-based experience by categories described above of only the cohort as of 2/28/15. This cohort represented 79,200 CF members (including HMO business) and we had empirical data for ~89% of them. The exact risk scores for this cohort were used for 2016, neither worsening nor improving. The enrollment of each cohort was projected by looking at the actual membership distribution as of 2/28/15 and making projections that the previously underwritten cohorts would decline an additional 10% while the SG cohort would grow by approximately 15% because of the expansion to groups of size 51-100 employees. Although the DISB Bulletin 15-IB-05-04/28 released 4/28/15 allows 51-100 groups to renew their current policies through policy years beginning on or before 10/1/16, we still expect some migration. We have assumed 50% of those eligible will migrate with relatively worse morbidity.

**Changes in Benefits:** For 2016 we have redesigned our SG portfolio. These new designs include cost-sharing elements that differ for some services based on the setting in which care is delivered (called “Site of Service”). For example, members seeking imaging services in a freestanding facility will have lower cost-sharing than those seeking similar treatment in a hospital setting. This is done in order to encourage members to seek treatment in the most efficient setting. Our 2015 plans will be uniformly modified into the 2016 plans based on the mapping included in this filing. The changes to our plan designs have been accounted for in each specific plan level cost-share factor.

The projected induced demand of our 2016 portfolio is materially lower than that of the 2014 base period. As such we are including an adjustment to projected allowed costs to account for the expected utilization impact due to projected “leaner” benefits. A detailed exhibit to support this induced demand adjustment is included in the AM.

Related to autism benefits, per the “Better Prices, Better Quality, Better Choices for Health Coverage Amendment Act of 2013” passed on 6/4/13 (D.C. Official Code § 31-3171.01, et seq.) we have calculated an increase in claims PMPM of \$1.19 for INM and \$3.10 for SG PMPM for 2016 over 2014. This is largely for “Applied Behavioral Analysis” (ABA) treatments and is a D.C.-mandated benefit.

Attached exhibits detail adjustments for pediatric dental, pediatric vision, and a change in our mandatory generic policy.

**Changes in Demographics:** Comparing the overall GHMSI member-level age as of 12/31/13 to 12/31/14, we have seen an increase of 0.2 years from 33.9 to 34.1. For INM GHMSI, the average age increased by 3.8 years from 33.5 to 37.3.

Age factors will account for a portion of the corresponding increase in claims cost. We find the CMS age curve spread of “3 to 1” to be lower than the “4.5 to 1” that is more correlated with expected claims costs. We have therefore adjusted expected claims costs accordingly in the experience period (EP) index rate projection, through the use of ‘Other’ projection factors.

**Other Adjustments:** Started in 2015, CF is continuing its incentive program, called BlueRewards, whereby members earn medical expense debit cards of as much as \$450 annually, for an individual



(\$1,050 for a family). In the group market, the \$450 amount includes an additional wellness benefit of as much as \$100 annually for an individual (\$250 for a family). These amounts are increases from last year. The cards must be utilized for qualified medical expenses such as deductibles, copays and out-of-pocket maximums. The scope includes all benefit plans within CF's portfolio, on and off the exchange. This is being done in a revenue-neutral way. That is, the cost to CF of the incentive payments was chosen such that it matches the expected savings to CF from more efficacious health care delivery. The savings has been incorporated in the "Other" projection factors when developing the index rate. The cost of the incentive has been included as a retention item in the build-up of our desired incurred claims ratio. Our aim is that this incentive program will improve our members' health.

This calculation also includes the following:

1. A decrease to prescription drug claims costs due to an increase in rebates realized by the move to a new "Pharmacy Benefits Manager" (PBM) in 2014.
2. A shift in costs associated with case management of behavioral health, which was a capitated service in 2014 but will instead be processed as a professional claim going forward.

**Trend Factors (Cost/Utilization):** The proposed trend of 7.0% is the same as 2015's 7.0%.

**4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT:** Not applicable.

**4.5 - CREDIBILITY OF EXPERIENCE:** The calendar 2014 base data includes 512,656 members months (average monthly of 42,721) and is therefore considered 100% credible.

**4.6 - PAID TO ALLOWED RATIO:** Projected at 92.4%, on average, for all quarters.

**4.7 - RISK ADJUSTMENT AND REINSURANCE:**

**Experience Period Risk Adjustment and Reinsurance Adjustments PMPM:** The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. Since this is a SG filing Reinsurance Claims Adjustments do not apply.

**Projected Risk Adjustments PMPM:** -\$42 PMPM for 1Q16. This is based on an analysis of the market by Wakely Consulting Group. Wakely provided CF's normalized risk scores for its legal entities, which were used to develop a projected transfer receipt as a percentage of premium. We converted this to a percentage of our projected index rate for each quarter of 2016 to translate the estimated receipt into a PMPM. A risk transfer receipt has been shown on our exhibit demonstrating MLR compliance. Wakely's method isolated the experience of all non-grandfathered (ACA and PPACA) members for all of 2014.

**Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only):** Since this is a SG filing, reinsurance recoveries do not apply. The reinsurance premium for 2016 is \$2.25 PMPM, plus an additional administrative fee of \$0.17 PMPY.

**4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK:** The "desired incurred claims ratio" (DICR) has changed from 75.7% (4Q 2015) to 74.7% (1Q 2016).

**Administrative Expense Load:** Administrative Expense and Broker Commissions and Fees PMPMs increased by a composite 9.5% versus 2015.

**Contribution to Reserve & Risk Margin:** 4.0% prior to income taxes.

**Taxes and Fees:**

- 1) Premium Tax of 2.0%.
- 2) Federal Income Tax (FIT) of 0.8% (20% tax rate).
- 3) Health Insurer Fee of 2.6%, considering non-deductibility for tax purposes.
- 4) PCORI increased from \$2.11 PMPY to \$2.25 PMPY for 1Q – 3Q 2016 and \$2.34 for 4Q 2016.
- 5) Reinsurance Payments decreased from \$2.63 PMPM for 4Q 2015 to \$2.25 PMPM for 2016.
- 6) Reinsurance Administrative Fee is \$0.17 PMPY.

- 7) Risk Adjustment User Fees are \$0.15 PMPM.
- 8) Exchange User Fees remained at \$0.
- 9) Exchange Assessment Fee of 1.0% for 2016 per the "Health Benefit Exchange Authority Financial Sustainability Emergency Amendment Act of 2014" (D.C. Act 20-329) approved on 5/22/14. In addition, there is also a state assessment fee of 0.1%.

**5. PROJECTED LOSS RATIO:** Our projected loss ratio for ACA MLR rebate purposes is 82.0%, meeting the 80.0% minimum of the "Public Health Service Act" (PHSA) 218. Please note that this is based on the combined experience of INM and SG.

## **6. APPLICATION OF MARKET REFORM RATING RULES:**

**6.1 - SINGLE RISK POOL (SRP):** Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d). This encompasses INM Open Enrollment, HIPAA, Group Conversion, and formerly medically underwritten coverages as well as SGs.

**6.2 - INDEX RATE:** Last year's implicit 2014 index rate was \$440.45 ((\$413.02 EP allowed claims PMPM - \$1.38 Non-EHB) x trend of 7.0%). As shown on Worksheet 1 of the URRT, the actual index rate for 2014 is \$434 for a favorable variance of -1%.

After applying projection factors, the allowed claims PMPM for 1Q16 is \$525.79. This includes projected claims for non-EHBs, estimated at \$3.07 PMPM. The proposed 1Q16 index rate is \$522.72.

**6.2.1 - Small Group Quarterly Rate Filings:** This filing includes quarterly incremental "trend" increases. Index rates are \$531.82, \$541.09 and \$550.56 for 2Q, 3Q and 4Q16, respectively. As required, the index rate entered in the URRT reflects a member weighted blend of the quarterly index rates.

### **6.3 - MARKET ADJUSTED INDEX RATE:**

**Federal Reinsurance Program Adjustment:** 1.0043 for 1Q16, reflecting the reinsurance contribution and administrative fee.

**Risk Adjustment:** 0.9206 for 1Q16. A summary exhibit is provided.

**Marketplace User Fee Adjustment:** 1.0000. A summary exhibit is provided.

**6.4 - PLAN ADJUSTED INDEX RATES:** The Cost-Share factor includes 1) internally-developed pricing AVs, 2) CDH/Non-CDH induced demand and 3) metal-level induced demand. Regarding the second item, as discussed in the past, we maintain that this factor is allowable under 45 C.F.R. § 156.80 for the same reason that the third item is allowed. There is only 1 type of network in this filing, Regional Preferred Network (RPN), which is assigned a network factor of 1.00. Cost-Share factors and Non-EHBs vary by plan. All other factors applying to the Index Rate are the same across all plans.

**6.5 - CALIBRATION:** Done for age, but we have elected not to rate for tobacco usage. Geographic rating does not apply, as D.C. has only one rating area.

**Age Curve Calibration** – We have calibrated to an average age of 42 from the DC age curve.

**6.6 - CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT:** A sample group rate development is included in this filing.

**SG Plan Premium Rates** – Our rates are developed from base experience for quarterly trend increases as shown on the allowed PMPM projection exhibits in the filing. We also include the derivation of quarterly Plan Adjusted Index and Consumer Level Base rates.

## **7. PLAN PRODUCT INFORMATION:**

**7.1 - HHS ACTUARIAL METAL VALUES (AV):** The majority of our 2016 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The Federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 2/3 of the designated

services are rendered in higher cost-share setting and the remaining 1/3 at the lower, consistent with 2014 experience for our SG and INM markets. Plans without these features used the AV calculator without modification.

Printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

**7.2 - AV PRICING VALUES:** The breakdown of the AV Pricing values is shown on the Plan Level derivation pages.

**7.3 - MEMBERSHIP PROJECTIONS:** Projected enrollment is based on actual enrollment by plan as of 2/28/15. Final 2016 plan-level enrollment results from the underlying mapping of our 2015 plans into the proposed 2016 plan designs, as well as an adjustment for the expansion of SG to include groups with up to 100 employees.

**7.4 - TERMINATED PLANS AND PRODUCTS:** A listing of all terminated non-SRP plans, and SRP plans being uniformly modified is included in the AM.

**7.5 - PLAN TYPE:** PPO.

**7.6 - WARNING ALERTS:**

**1. Worksheet 1, Section I & II**

- a. **Allowed Claims PMPM** – A warning is triggered on Worksheet 1 which says "WARNING – Wksh 1 – Market Experience Total PMPM (Cell H30) is not equal to Allowed Claims (Cell G16)." Per URRT instructions, cell G16 reflects the experience period allowed claims PMPM adjusted for risk transfers. Cell H30 is a worksheet-computed PMPM that is derived from actual experience period utilization and cost statistics by service category and does not reflect risk adjustment. As such, we do not believe these two cells should be equal.

**2. Worksheet 2**

- a. **General:** Per the District's instructions, the index rate was developed with combined SG/INM experience which is entered on Worksheet 1 of the URRT, but the plan level rates were developed separately as the markets are remaining separate from the Federal perspective. Therefore, Worksheet 2 has only the SG market's plan data, and most of the warnings have been triggered because the SG totals on Worksheet 2 are less than the combined SG/INM totals on Worksheet 1.
- b. **Section III: Plan Adjusted Index Rate, Total Premium (TP)** – Per URRT guidelines, the Plan Adjusted Index Rate should reflect zero for terminated non-SRP compliant plans. These plans represent approximately 61% of 2014 SG member months. Since the Premium PMPM (net of MLR Rebate) in Experience Period field shown on Worksheet 1 is inclusive of all 2014 non-grandfathered members in this market (including those in non-SRP compliant plans), it will not match the average Plan Adjusted Index Rate PMPM. Similarly, since the Total Premium on Worksheet 2 is calculated as Plan Adjusted Index Rate x Member Months, it will not match the Premium (net of MLR Rebate) in Experience Period field from Worksheet 1.
- c. **Section IV: Plan Adjusted Index Rate, Total Premium (TP)** – Per URRT guidelines, the Plan Adjusted Index Rate must reflect the member weighted average of the Plan Adjusted Index Rates for all effective dates in the submission (1Q – 4Q16). As such, the average rate shown on Worksheet 2 will not match the SRP Gross Premium Avg. Rate on Worksheet 1, which reflects only the effective date of the change in Index Rate (January 1). Similarly, since the Total Premium on Worksheet 2 is calculated as Plan Adjusted Index Rate x Member Months, it will not match the Projected Period Total Premium from Worksheet 1.

**8. MISCELLANEOUS INSTRUCTIONS:**

**8.1 – Effective Rate Review Information:** We have nothing additional to provide.

**8.2 - Reliance:** Risk adjustment analyses were provided to us by Wakely Consulting Group.

**8.3 – Actuarial Certification:** Included in the AM.

**Group Hospitalization & Medical Services, Inc. (GHMSI)  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 53007)**

**Rate Filing # 2034  
D.C. Small Group Products - On Exchange  
Rate Filing Effective 1/1/2016**

**Actuarial Memorandum**

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

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**Group Hospitalization & Medical Services, Inc. (GHMSI)**  
**(NAIC # 53007)**  
**D.C. Small Group Products - On Exchange**  
**Rates Effective 1/1/2016**

**Form Numbers**

**Form Numbers Associated With This Filing:**

This list contains the applicable forms for the new and renewing products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows: CFBC-130004662

| <b>ON Exchange</b>   |  |   |
|--|--|---|
| <b>Forms Used for ALL ON-Exchange GHMSI Group Products</b> | <b>Product: BluePreferred</b>            | <b>Product: BluePreferred Multi-State Plans</b> |
|  | <b>Network: Regional Preferred (RPN)</b> | <b>Network: Regional Preferred (RPN)</b>        |
| DC/GHMSI/DOL APPEAL (R. 11/11)                             | DC/CF/SHOP/GC (1/14)                     | DC/CF/MSP/EOC (1/14)                            |
| DC/CF/SHOP/EXC/DOCS (1/14)                                 | DC/CF/SHOP/EOC (1/14)                    | DC/CF/MSP/GC (1/14)                             |
| DC/CF/SHOP/ELIG (1/14)                                     | DC/CF/SG/BP PPO CDH/SIL 1500 (1/16)      | DC/CF/MSP APPEAL (1/14)                         |
| DC/GHMSI/FAM PLAN (8/12)                                   | DC/CF/SG/BP PPO CDH/SIL 2000 (1/16)      | DC/CF/SG/MSP PPO/CDH SIL 2000 (1/16)            |
| DC/CF/PARTNER (R. 7/09)                                    | DC/CF/SG/BP PPO/GOLD 500 (1/16)          | DC/CF/SG/MSP PPO/GOLD 1000 (1/16)               |
| DC/CF/BLCRD (1/12)   | DC/CF/SG/BP PPO/GOLD 1000 (1/16)         |   |
| DC/CF/MEM/BLCRD (1/12)                                     | DC/CF/SG/BP PPO/GOLD 1500 (1/16)         |   |
| DC/CF/ANCILLARY AMEND (10/12)                              | DC/CF/SG/BP PPO/PLAT 0 (1/16)            | <b>Product: HealthyBlue PPO</b>                 |
| DC/CF/PT PROTECT (9/10)                                    | DC/CF/SG/BP PPO/PLAT 500 (1/16)          | <b>Network: Regional Preferred (RPN)</b>        |
| DC/GHMSI-HEALTH GUARANTEE 1/15                             | DC/CF/SG/BP PPO/SIL 1000 (1/16)          | DC/CF/SHOP/GC (1/14)                            |
| DC/CF/SHOP/2015 GC AMEND (1/15)                            |  | DC/CF/SHOP/EOC (1/14)                           |
| DC/CF/SHOP 2016 AMEND (1/16)                               |  | DC/CF/SG/HB PPO/CDH SIL 2000 (1/16)             |
| DC/CF/SG/INCENT (1/16)                                     |  | DC/CF/SG/HB PPO/GOLD 1500 (1/16)                |
|  |  | DC/CF/SG/HB PPO/PLAT 500 (1/16)                 |
|  |  | DC/CF/SG/HB PPO/PLAT 1000 (1/16)                |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

| <b>Acronym</b> | <b>Definition</b>  |
|----------------|--|
| SHOP           | Small Business Health Options Program                        |
| CF, CFI        | CareFirst, Incorporated                                      |
| BC, CFBC       | CareFirst BlueChoice, Inc.                                   |
| GHMSI          | Group Hospitalization and Medical Services, Inc.             |
| SG             | Small Group  |
| IND64-, INM    | Individual, Non-Medigap                                      |
| CD             | Consumer Direct (Individual, Non-Medigap)                    |
| PPACA          | Patient Protection and Affordable Care Act                   |
| AV             | Actuarial Value  |
| EHB            | Essential Health Benefits                                    |
| FPL            | Federal Poverty Level  |
| FIT            | Federal Income Tax   |
| SIT            | State Income Tax   |
| GF             | Grandfathered  |
| FTE            | Full-time Equivalent   |
| HIPAA          | Health Insurance Portability and Accountability Act          |
| RBC            | Risk-based Capital   |
| SRP            | Single Risk Pool   |
| UW             | Underwritten   |
| Med            | Medical  |
| Rx             | Prescription Drugs   |
| CDH            | Consumer Driven Health                                       |
| Non-CDH        | Non-Consumer Driven Health                                   |
| HSA            | Health Savings Account                                       |
| HRA            | Health Reimbursement Account                                 |
| HDHP           | High Deductible Health Plan                                  |
| PPO            | Preferred Provider Organization                              |
| PPO HSA        | Preferred Provider Organization Health Savings Account       |
| PPO HRA        | Preferred Provider Organization Health Reimbursement Account |
| HB             | HealthyBlue  |
| MSP            | Multi-State Plan   |
| EP             | Experience Period  |
| DICR           | Desired Incurred Claims Ratio                                |
| MLR            | Medical Loss Ratio (as defined by PPACA)                     |
| IBNR           | Incurred But Not Reported                                    |
| IAF            | Income Adjustment Factors                                    |
| PCP            | Primary Care Physician                                       |
| ER             | Emergency Room   |
| OON            | Out of Network   |
| IP, In Pat     | Inpatient  |
| OP             | Outpatient   |
| Prof           | Professional   |
| OOP            | Out of Pocket  |
| Co-ins         | Coinurance   |
| MHSA           | Mental Health & Substance Abuse                              |
| DXL            | Diagnostic X-ray and Lab                                     |
| RPN            | Regional Preferred Network                                   |
| ABA            | Applied Behavioral Analysis                                  |



**Group Hospitalization & Medical Services, Inc. (GHMSI)**  
**(NAIC # 53007)**  
**H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)**  
**D.C. Small Group Products - On Exchange**  
**Rate Filing Effective 1/1/2016**  
**Actuarial Certification**

I, Kenny W. Kan, am the Senior Vice President and Chief Actuary with Group Hospitalization and Medical Services, Inc. doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:

- a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1))
- b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
- c. Neither excessive nor deficient.

2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).

3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs.

4. Consistent with 45 CFR § 156.135, the 2016 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

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**CareFirst BlueCross BlueShield (GHMSI)**  
**(NAIC # 53007)**  
**D.C. Small Group Products - On Exchange**  
**Rates Effective 1/1/2016**

**2016 HIOS IDs**

| HIOS Product ID | HIOS Product Name              | HIOS Plan ID   | HIOS Plan Name  | On/Off Exchange | Product Type | Abortion Coverage | Actuarial Value | Metal Level | Unique Plan | Projected Contracts 12/31/16 |
|-----------------|--------------------------------|----------------|---|-----------------|--------------|-------------------|-----------------|-------------|-------------|------------------------------|
| 78079DC017      | BluePreferred Multi-State Plan | 78079DC0170001 | BlueCross BlueShield Preferred 1000, a Multi-State Plan | On              | PPO          | No                | 81.60%          | Gold        | No          | 188                          |
| 78079DC017      | BluePreferred Multi-State Plan | 78079DC0170002 | BlueCross BlueShield Preferred 2000, a Multi-State Plan | On              | PPO          | No                | 71.99%          | Silver      | No          | 55                           |
| 78079DC022      | BluePreferred PPO              | 78079DC0220024 | BluePreferred PPO Platinum 0                            | On              | PPO          | Yes               | 91.09%          | Platinum    | Yes         | 8,013                        |
| 78079DC022      | BluePreferred PPO              | 78079DC0220025 | BluePreferred PPO Platinum 500                          | On              | PPO          | Yes               | 88.43%          | Platinum    | Yes         | 3,644                        |
| 78079DC022      | BluePreferred PPO              | 78079DC0220021 | BluePreferred PPO Gold 500                              | On              | PPO          | Yes               | 81.50%          | Gold        | Yes         | 203                          |
| 78079DC022      | BluePreferred PPO              | 78079DC0220026 | BluePreferred PPO Silver 1000                           | On              | PPO          | Yes               | 71.45%          | Silver      | Yes         | 173                          |
| 78079DC022      | BluePreferred PPO              | 78079DC0220020 | BluePreferred PPO Gold 1000                             | On              | PPO          | Yes               | 79.07%          | Gold        | Yes         | 3,036                        |
| 78079DC022      | BluePreferred PPO              | 78079DC0220031 | BluePreferred PPO Gold 1500                             | On              | PPO          | Yes               | 78.01%          | Gold        | Yes         | 1,766                        |
| 78079DC022      | BluePreferred PPO              | 78079DC0220022 | BluePreferred PPO HSA/HRA Silver 1500                   | On              | PPO          | Yes               | 71.57%          | Silver      | Yes         | 1,639                        |
| 78079DC022      | BluePreferred PPO              | 78079DC0220023 | BluePreferred PPO HSA/HRA Silver 2000                   | On              | PPO          | Yes               | 69.59%          | Silver      | Yes         | 990                          |
| 78079DC022      | BluePreferred PPO              | 78079DC0220030 | HealthyBlue PPO Platinum 500                            | On              | PPO          | Yes               | 88.90%          | Platinum    | Yes         | 201                          |
| 78079DC022      | BluePreferred PPO              | 78079DC0220029 | HealthyBlue PPO Platinum 1000                           | On              | PPO          | Yes               | 88.04%          | Platinum    | Yes         | 113                          |
| 78079DC022      | BluePreferred PPO              | 78079DC0220027 | HealthyBlue PPO Gold 1500                               | On              | PPO          | Yes               | 81.78%          | Gold        | Yes         | 1,306                        |
| 78079DC022      | BluePreferred PPO              | 78079DC0220028 | HealthyBlue PPO HSA/HRA Silver 2000                     | On              | PPO          | Yes               | 71.91%          | Silver      | Yes         | 228                          |
| <b>TOTAL</b>    |                                |                |   |                 |              |                   |                 |             |             | <b>21,555</b>                |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**2016 ACA – RATE CHANGES AT METAL/PLAN LEVEL**  
**SMALL GROUP - DC GHMSI**

| 1                        | 2  | 3        | 4   | 5                   | 6                    | 7                 | 8                         | 9               | 10              | 11              | 12                | 13                        | 14           | 15              | 16           | 17                        | 18           | 19              | 20           | 21                                 |
|--------------------------|--|----------|---|---------------------|----------------------|-------------------|---------------------------|-----------------|-----------------|-----------------|-------------------|---------------------------|--------------|-----------------|--------------|---------------------------|--------------|-----------------|--------------|------------------------------------|
| Metal                    | 2015 Plans<br>Plan   | Metal    | 2016 Plans<br>Plan                                      | Members             |                      | HHS<br>2015<br>AV | Plan Adjusted Index Rates |                 |                 |                 | HHS<br>2016<br>AV | Plan Adjusted Index Rates |              |                 |              | Plan Adjusted Index Rates |              |                 |              | 1Q16<br>Incremental<br>Inc vs 4Q15 |
|                          |  |          |   | Actual<br>2/28/2015 | % of Actual<br>Total |                   | 1Q15                      | 2Q15            | 3Q15            | 4Q15            |                   | 1Q16                      | RNL          | 2Q16            | RNL          | 3Q16                      | RNL          | 4Q16            | RNL          |                                    |
| 1                        | Platinum BluePreferred PPO 100%/80%, Rx: \$10/\$45/\$65/50%    | Platinum | BluePreferred PPO Platinum 0                            | 12,436              | 35.6%                | 0.890             | \$591.79                  | \$599.84        | \$608.16        | \$616.62        | 0.911             | \$678.51                  | 14.7%        | \$688.58        | 14.8%        | \$698.81                  | 14.9%        | \$709.28        | 15.0%        | 10.0%                              |
| 2                        | Platinum BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%      | Platinum | BluePreferred PPO Platinum 0                            | 99                  | 0.3%                 | 0.894             | \$577.64                  | \$585.50        | \$593.62        | \$601.88        | 0.911             | \$678.51                  | 17.5%        | \$688.58        | 17.6%        | \$698.81                  | 17.7%        | \$709.28        | 17.8%        | 12.7%                              |
| 3                        | Platinum BluePreferred PPO \$500                               | Platinum | BluePreferred PPO Platinum 500                          | 5,321               | 15.3%                | 0.883             | \$549.22                  | \$556.70        | \$564.42        | \$572.26        | 0.884             | \$651.02                  | 18.5%        | \$660.68        | 18.7%        | \$670.50                  | 18.8%        | \$680.55        | 18.9%        | 13.8%                              |
| 4                        | Platinum HealthyBlue PPO \$300                                 | Platinum | HealthyBlue PPO Platinum 500                            | 350                 | 1.0%                 | 0.903             | \$568.31                  | \$576.05        | \$584.04        | \$592.16        | 0.889             | \$672.52                  | 18.3%        | \$682.50        | 18.5%        | \$692.64                  | 18.6%        | \$703.02        | 18.7%        | 13.6%                              |
| 5                        | Platinum HealthyBlue PPO \$600                                 | Platinum | HealthyBlue PPO Platinum 1000                           | 200                 | 0.6%                 | 0.898             | \$553.38                  | \$560.91        | \$568.69        | \$576.60        | 0.880             | \$652.35                  | 17.9%        | \$662.03        | 18.0%        | \$671.87                  | 18.1%        | \$681.94        | 18.3%        | 13.1%                              |
| <b>PLATINUM SUBTOTAL</b> |  |          |   | <b>18,406</b>       | <b>52.8%</b>         | <b>0.888</b>      | <b>\$578.54</b>           | <b>\$586.42</b> | <b>\$594.55</b> | <b>\$602.82</b> | <b>0.902</b>      | <b>\$670.16</b>           | <b>15.9%</b> | <b>\$680.11</b> | <b>16.0%</b> | <b>\$690.21</b>           | <b>16.1%</b> | <b>\$700.56</b> | <b>16.3%</b> | <b>11.2%</b>                       |
| 6                        | Gold BlueCross BlueShield Preferred 1000, A Multi-State Plan   | Gold     | BlueCross BlueShield Preferred 1000, a Multi-State Plan | 340                 | 1.0%                 | 0.799             | \$452.12                  | \$458.28        | \$464.63        | \$471.09        | 0.816             | \$542.92                  | 20.1%        | \$550.98        | 20.2%        | \$559.16                  | 20.3%        | \$567.55        | 20.5%        | 15.2%                              |
| 7                        | Gold BluePreferred PPO \$500 \$20/\$30                         | Gold     | BluePreferred PPO Gold 500                              | 368                 | 1.1%                 | 0.785             | \$479.51                  | \$486.04        | \$492.78        | \$499.63        | 0.815             | \$555.77                  | 15.9%        | \$564.02        | 16.0%        | \$572.40                  | 16.2%        | \$580.98        | 16.3%        | 11.2%                              |
| 8                        | Gold BluePreferred PPO \$1,000 100%/80%                        | Gold     | BluePreferred PPO Gold 1000                             | 4,317               | 12.4%                | 0.818             | \$470.84                  | \$477.25        | \$483.87        | \$490.60        | 0.791             | \$541.45                  | 15.0%        | \$549.48        | 15.1%        | \$557.65                  | 15.2%        | \$566.01        | 15.4%        | 10.4%                              |
| 9                        | Gold BluePreferred PPO \$1,000 80%/60%                         | Gold     | BluePreferred PPO Gold 1000                             | 854                 | 2.4%                 | 0.807             | \$451.06                  | \$457.20        | \$463.54        | \$469.99        | 0.791             | \$541.45                  | 20.0%        | \$549.48        | 20.2%        | \$557.65                  | 20.3%        | \$566.01        | 20.4%        | 15.2%                              |
| 10                       | Gold BluePreferred PPO \$1,200                                 | Gold     | BluePreferred PPO Gold 1500                             | 2,042               | 5.9%                 | 0.799             | \$456.72                  | \$462.94        | \$469.36        | \$475.89        | 0.780             | \$538.93                  | 18.0%        | \$546.92        | 18.1%        | \$555.05                  | 18.3%        | \$563.37        | 18.4%        | 13.2%                              |
| 11                       | Gold BluePreferred PPO \$2,000                                 | Gold     | BluePreferred PPO Gold 1500                             | 1,158               | 3.3%                 | 0.792             | \$433.41                  | \$439.31        | \$445.40        | \$451.59        | 0.780             | \$538.93                  | 24.3%        | \$546.92        | 24.5%        | \$555.05                  | 24.6%        | \$563.37        | 24.8%        | 19.3%                              |
| 12                       | Gold BluePreferred PPO HSA/HRA \$1,400                         | Silver   | BluePreferred PPO HSA/HRA Silver 1500                   | 2,874               | 8.2%                 | 0.781             | \$433.90                  | \$439.77        | \$445.83        | \$451.99        | 0.716             | \$442.20                  | 1.9%         | \$448.76        | 2.0%         | \$455.43                  | 2.2%         | \$462.26        | 2.3%         | -2.2%                              |
| 13                       | Gold HealthyBlue PPO \$1,500                                   | Gold     | HealthyBlue PPO Gold 1500                               | 2,367               | 6.8%                 | 0.819             | \$477.02                  | \$483.51        | \$490.22        | \$497.04        | 0.818             | \$546.26                  | 14.5%        | \$554.36        | 14.7%        | \$562.60                  | 14.8%        | \$571.03        | 14.9%        | 9.9%                               |
| <b>GOLD SUBTOTAL</b>     |  |          |   | <b>14,320</b>       | <b>41.0%</b>         | <b>0.804</b>      | <b>\$458.00</b>           | <b>\$464.23</b> | <b>\$470.67</b> | <b>\$477.20</b> | <b>0.779</b>      | <b>\$522.16</b>           | <b>13.9%</b> | <b>\$529.91</b> | <b>14.1%</b> | <b>\$537.78</b>           | <b>14.2%</b> | <b>\$545.85</b> | <b>14.3%</b> | <b>9.3%</b>                        |
| 14                       | Silver BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) | Silver   | BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) | 11                  | 0.0%                 | 0.709             | \$361.65                  | \$366.54        | \$371.60        | \$376.73        | 0.720             | \$441.06                  | 22.0%        | \$447.60        | 22.1%        | \$454.25                  | 22.2%        | \$461.06        | 22.4%        | 17.1%                              |
| 15                       | Silver BluePreferred PPO \$1000 \$30/\$40                      | Silver   | BluePreferred PPO Silver 1000                           | 2                   | 0.0%                 | 0.720             | \$415.89                  | \$421.55        | \$427.40        | \$433.34        | 0.714             | \$461.08                  | 10.9%        | \$467.93        | 11.0%        | \$474.88                  | 11.1%        | \$482.00        | 11.2%        | 6.4%                               |
| 16                       | Silver BluePreferred PPO HSA/HRA \$1,800                       | Silver   | BluePreferred PPO HSA/HRA Silver 2000                   | 167                 | 0.5%                 | 0.716             | \$375.97                  | \$381.06        | \$386.31        | \$391.65        | 0.696             | \$429.91                  | 14.3%        | \$436.29        | 14.5%        | \$442.77                  | 14.6%        | \$449.41        | 14.7%        | 9.8%                               |
| 17                       | Silver BluePreferred PPO HSA/HRA \$2000, 100%/80%              | Silver   | BluePreferred PPO HSA/HRA Silver 2000                   | 1,341               | 3.8%                 | 0.718             | \$380.97                  | \$386.12        | \$391.44        | \$396.85        | 0.696             | \$429.91                  | 12.8%        | \$436.29        | 13.0%        | \$442.77                  | 13.1%        | \$449.41        | 13.2%        | 8.3%                               |
| 18                       | Silver HealthyBlue PPO HSA/HRA \$2,000                         | Silver   | HealthyBlue PPO HSA/HRA Silver 2000                     | 279                 | 0.8%                 | 0.708             | \$378.10                  | \$383.21        | \$388.50        | \$393.86        | 0.719             | \$446.40                  | 18.1%        | \$453.03        | 18.2%        | \$459.76                  | 18.3%        | \$466.65        | 18.5%        | 13.3%                              |
| <b>SILVER SUBTOTAL</b>   |  |          |   | <b>1,800</b>        | <b>5.2%</b>          | <b>0.716</b>      | <b>\$379.98</b>           | <b>\$385.12</b> | <b>\$390.43</b> | <b>\$395.83</b> | <b>0.700</b>      | <b>\$432.57</b>           | <b>13.8%</b> | <b>\$438.99</b> | <b>14.0%</b> | <b>\$445.51</b>           | <b>14.1%</b> | <b>\$452.19</b> | <b>14.2%</b> | <b>9.3%</b>                        |
| 19                       | Bronze BluePreferred PPO \$4,500                               | Silver   | BluePreferred PPO Silver 1000                           | 168                 | 0.5%                 | 0.619             | \$332.04                  | \$336.56        | \$341.23        | \$345.97        | 0.714             | \$461.08                  | 38.9%        | \$467.93        | 39.0%        | \$474.88                  | 39.2%        | \$482.00        | 39.3%        | 33.3%                              |
| 20                       | Bronze BluePreferred PPO HSA/HRA \$4,000                       | Silver   | BluePreferred PPO HSA/HRA Silver 2000                   | 15                  | 0.0%                 | 0.608             | \$292.96                  | \$296.92        | \$301.02        | \$305.18        | 0.696             | \$429.91                  | 46.7%        | \$436.29        | 46.9%        | \$442.77                  | 47.1%        | \$449.41        | 47.3%        | 40.9%                              |
| 21                       | Bronze BluePreferred PPO HSA/HRA \$4,500                       | Silver   | BluePreferred PPO HSA/HRA Silver 2000                   | 180                 | 0.5%                 | 0.610             | \$302.58                  | \$306.68        | \$310.90        | \$315.20        | 0.696             | \$429.91                  | 42.1%        | \$436.29        | 42.3%        | \$442.77                  | 42.4%        | \$449.41        | 42.6%        | 36.4%                              |
| <b>BRONZE SUBTOTAL</b>   |  |          |   | <b>363</b>          | <b>1.0%</b>          | <b>0.614</b>      | <b>\$315.82</b>           | <b>\$320.10</b> | <b>\$324.53</b> | <b>\$329.03</b> | <b>0.705</b>      | <b>\$444.34</b>           | <b>40.8%</b> | <b>\$450.93</b> | <b>41.0%</b> | <b>\$457.63</b>           | <b>41.1%</b> | <b>\$464.49</b> | <b>41.3%</b> | <b>35.1%</b>                       |
| <b>GHMSI Total</b>       |  |          |   | <b>34,889</b>       | <b>100%</b>          | <b>0.842</b>      | <b>\$516.09</b>           | <b>\$523.11</b> | <b>\$530.36</b> | <b>\$537.73</b> | <b>0.839</b>      | <b>\$594.81</b>           | <b>15.2%</b> | <b>\$603.64</b> | <b>15.4%</b> | <b>\$612.60</b>           | <b>15.5%</b> | <b>\$621.79</b> | <b>15.6%</b> | <b>10.6%</b>                       |

LOW RENEWAL (Minimum):

HIGH RENEWAL (Maximum):

1.9% 2.0% 2.2% 2.3%  
24.3% 24.5% 24.6% 24.8%

Note: The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2015) is CFAP-129567873 (On Exchange).

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**2016 ACA – RATE CHANGES AT METAL/PLAN LEVEL**  
**SMALL GROUP - DC**

|                   | 1        | 2   | 3        | 4   | 5                              | 6                    | 7                 | 8                         | 9        | 10       | 11       | 12                | 13                        | 14    | 15       | 16    | 17                        | 18    | 19       | 20    | 21                                 |
|-------------------|----------|---|----------|---|--------------------------------|----------------------|-------------------|---------------------------|----------|----------|----------|-------------------|---------------------------|-------|----------|-------|---------------------------|-------|----------|-------|------------------------------------|
|                   | Metal    | 2015 Plans<br>Plan                                      | Metal    | 2016 Plans<br>Plan                                      | Members<br>Actual<br>2/28/2015 | % of Actual<br>Total | HHS<br>2015<br>AV | Plan Adjusted Index Rates |          |          |          | HHS<br>2016<br>AV | Plan Adjusted Index Rates |       |          |       | Plan Adjusted Index Rates |       |          |       | 1Q16<br>Incremental<br>Inc vs 4Q15 |
|                   |          |   |          |   |                                |                      | 1Q15              | 2Q15                      | 3Q15     | 4Q15     |          | 1Q16              | RNL                       | 2Q16  | RNL      | 3Q16  | RNL                       | 4Q16  | RNL      |       |                                    |
| 1                 | Platinum | BlueChoice HMO \$30/\$40                                | Platinum | BlueChoice HMO Platinum 0                               | 2,066                          | 3.0%                 | 0.883             | \$488.58                  | \$495.46 | \$502.20 | \$509.00 | 0.911             | \$517.55                  | 5.9%  | \$525.11 | 6.0%  | \$532.88                  | 6.1%  | \$540.85 | 6.3%  | 1.7%                               |
| 2                 | Platinum | BlueChoice HMO Referral \$10/\$20                       | Platinum | BlueChoice HMO Referral Platinum 0                      | 1,145                          | 1.6%                 | 0.906             | \$474.51                  | \$481.19 | \$487.74 | \$494.35 | 0.911             | \$492.90                  | 3.9%  | \$500.11 | 3.9%  | \$507.51                  | 4.1%  | \$515.10 | 4.2%  | -0.3%                              |
| 3                 | Platinum | BlueChoice HMO Referral \$30/\$40                       | Platinum | BlueChoice HMO Referral Platinum 0                      | 2,433                          | 3.5%                 | 0.886             | \$465.32                  | \$471.87 | \$478.29 | \$484.77 | 0.911             | \$492.90                  | 5.9%  | \$500.11 | 6.0%  | \$507.51                  | 6.1%  | \$515.10 | 6.3%  | 1.7%                               |
| 4                 | Platinum | BlueChoice Plus 100%/80%, \$10/\$20                     | Platinum | BlueChoice Plus Opt-Out Platinum 0                      | 1,134                          | 1.6%                 | 0.891             | \$509.51                  | \$516.69 | \$523.71 | \$530.81 | 0.911             | \$524.56                  | 3.0%  | \$532.23 | 3.0%  | \$540.10                  | 3.1%  | \$548.18 | 3.3%  | -1.2%                              |
| 5                 | Platinum | BlueChoice Plus 100%/80%, \$20/\$30                     | Platinum | BlueChoice Plus Opt-Out Platinum 0                      | 4,025                          | 5.8%                 | 0.886             | \$493.70                  | \$500.65 | \$507.46 | \$514.34 | 0.911             | \$524.56                  | 6.2%  | \$532.23 | 6.3%  | \$540.10                  | 6.4%  | \$548.18 | 6.6%  | 2.0%                               |
| 6                 | Platinum | BlueChoice Plus 100%/60%, \$20/\$30                     | Platinum | BlueChoice Plus Opt-Out Platinum 0                      | 1,501                          | 2.2%                 | 0.886             | \$482.19                  | \$488.98 | \$495.63 | \$502.35 | 0.911             | \$524.56                  | 8.8%  | \$532.23 | 8.8%  | \$540.10                  | 9.0%  | \$548.18 | 9.1%  | 4.4%                               |
| 7                 | Platinum | BlueChoice Advantage 100%/70%                           | Platinum | BlueChoice Advantage Platinum 0                         | 1,102                          | 1.6%                 | 0.884             | \$512.45                  | \$519.66 | \$526.73 | \$533.87 | 0.911             | \$554.37                  | 8.2%  | \$562.48 | 8.2%  | \$570.80                  | 8.4%  | \$579.34 | 8.5%  | 3.8%                               |
| 8                 | Platinum | BlueChoice Advantage 90%/70%                            | Platinum | BlueChoice Advantage Platinum 0                         | 12                             | 0.0%                 | 0.903             | \$499.56                  | \$506.59 | \$513.48 | \$520.44 | 0.911             | \$554.37                  | 11.0% | \$562.48 | 11.0% | \$570.80                  | 11.2% | \$579.34 | 11.3% | 6.5%                               |
| 9                 | Platinum | BlueChoice Advantage 80%/50%                            | Platinum | BlueChoice Advantage Platinum 0                         | 96                             | 0.1%                 | 0.888             | \$517.55                  | \$524.83 | \$531.97 | \$539.18 | 0.911             | \$554.37                  | 7.1%  | \$562.48 | 7.2%  | \$570.80                  | 7.3%  | \$579.34 | 7.4%  | 2.8%                               |
| 10                | Platinum | HealthyBlue HMO \$300                                   | Platinum | HealthyBlue HMO Platinum 500                            | 333                            | 0.5%                 | 0.903             | \$480.57                  | \$487.34 | \$493.97 | \$500.66 | 0.889             | \$514.51                  | 7.1%  | \$522.03 | 7.1%  | \$529.75                  | 7.2%  | \$537.68 | 7.4%  | 2.8%                               |
| 11                | Platinum | HealthyBlue HMO \$600                                   | Platinum | HealthyBlue HMO Platinum 1000                           | 106                            | 0.2%                 | 0.898             | \$464.90                  | \$471.45 | \$477.86 | \$484.34 | 0.880             | \$495.93                  | 6.7%  | \$503.18 | 6.7%  | \$510.63                  | 6.9%  | \$518.26 | 7.0%  | 2.4%                               |
| 12                | Platinum | HealthyBlue Plus \$300                                  | Platinum | HealthyBlue Plus Platinum 500                           | 1,642                          | 2.4%                 | 0.903             | \$494.50                  | \$501.46 | \$508.28 | \$515.16 | 0.889             | \$528.45                  | 6.9%  | \$536.18 | 6.9%  | \$544.11                  | 7.0%  | \$552.25 | 7.2%  | 2.6%                               |
| 13                | Platinum | HealthyBlue Plus \$600                                  | Platinum | HealthyBlue Plus Platinum 1000                          | 496                            | 0.7%                 | 0.898             | \$478.37                  | \$485.11 | \$491.71 | \$498.37 | 0.880             | \$509.37                  | 6.5%  | \$516.82 | 6.5%  | \$524.46                  | 6.7%  | \$532.31 | 6.8%  | 2.2%                               |
| 14                | Platinum | HealthyBlue Advantage \$300                             | Platinum | HealthyBlue Advantage Platinum 500                      | 911                            | 1.3%                 | 0.903             | \$505.45                  | \$512.56 | \$519.53 | \$526.57 | 0.889             | \$551.12                  | 9.0%  | \$559.18 | 9.1%  | \$567.45                  | 9.2%  | \$575.94 | 9.4%  | 4.7%                               |
| 15                | Platinum | HealthyBlue Advantage \$600                             | Platinum | HealthyBlue Advantage Platinum 1000                     | 460                            | 0.7%                 | 0.898             | \$488.97                  | \$495.85 | \$502.59 | \$509.40 | 0.880             | \$531.22                  | 8.6%  | \$538.99 | 8.7%  | \$546.96                  | 8.8%  | \$555.14 | 9.0%  | 4.3%                               |
| 16                | Platinum | BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/\$50      | Platinum | BluePreferred PPO Platinum 0                            | 12,436                         | 17.8%                | 0.890             | \$591.79                  | \$599.84 | \$608.16 | \$616.62 | 0.911             | \$678.51                  | 14.7% | \$688.58 | 14.8% | \$698.81                  | 14.9% | \$709.28 | 15.0% | 10.0%                              |
| 17                | Platinum | BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%        | Platinum | BluePreferred PPO Platinum 0                            | 99                             | 0.1%                 | 0.894             | \$577.64                  | \$585.50 | \$593.62 | \$601.88 | 0.911             | \$678.51                  | 17.5% | \$688.58 | 17.6% | \$698.81                  | 17.7% | \$709.28 | 17.8% | 12.7%                              |
| 18                | Platinum | BluePreferred PPO \$500                                 | Platinum | BluePreferred PPO Platinum 500                          | 5,321                          | 7.6%                 | 0.883             | \$549.22                  | \$556.70 | \$564.42 | \$572.26 | 0.884             | \$651.02                  | 18.5% | \$660.68 | 18.7% | \$670.50                  | 18.8% | \$680.55 | 18.9% | 13.8%                              |
| 19                | Platinum | HealthyBlue PPO \$300                                   | Platinum | HealthyBlue PPO Platinum 500                            | 350                            | 0.5%                 | 0.903             | \$568.31                  | \$576.05 | \$584.04 | \$592.16 | 0.889             | \$672.52                  | 18.3% | \$682.50 | 18.5% | \$692.64                  | 18.6% | \$703.02 | 18.7% | 13.6%                              |
| 20                | Platinum | HealthyBlue PPO \$600                                   | Platinum | HealthyBlue PPO Platinum 1000                           | 200                            | 0.3%                 | 0.898             | \$553.38                  | \$560.91 | \$568.69 | \$576.60 | 0.880             | \$652.35                  | 17.9% | \$662.03 | 18.0% | \$671.87                  | 18.1% | \$681.94 | 18.3% | 13.1%                              |
| PLATINUM SUBTOTAL |          |   |          |   | 35,868                         | 51.5%                | 0.889             | \$534.92                  | \$542.31 | \$549.77 | \$557.33 | 0.904             | \$597.27                  | 11.3% | \$606.08 | 11.4% | \$615.07                  | 11.5% | \$624.28 | 11.6% | 6.8%                               |
| 21                | Gold     | BlueChoice HMO \$250                                    | Gold     | BlueChoice HMO Gold 500                                 | 1,805                          | 2.6%                 | 0.819             | \$421.31                  | \$427.25 | \$433.06 | \$438.92 | 0.815             | \$412.97                  | -2.0% | \$419.01 | -1.9% | \$425.21                  | -1.8% | \$431.57 | -1.7% | -5.9%                              |
| 22                | Gold     | BlueChoice HMO \$1,000                                  | Gold     | BlueChoice HMO Gold 1500                                | 60                             | 0.1%                 | 0.785             | \$361.96                  | \$367.05 | \$372.04 | \$377.08 | 0.780             | \$397.46                  | 9.8%  | \$403.27 | 9.9%  | \$409.24                  | 10.0% | \$415.36 | 10.1% | 5.4%                               |
| 23                | Gold     | BlueChoice HMO \$1,800                                  | Gold     | BlueChoice HMO Gold 1500                                | 46                             | 0.1%                 | 0.781             | \$358.57                  | \$363.62 | \$368.57 | \$373.56 | 0.780             | \$397.46                  | 10.8% | \$403.27 | 10.9% | \$409.24                  | 11.0% | \$415.36 | 11.2% | 6.4%                               |
| 24                | Gold     | BlueChoice HMO HSA/HRA \$1,500                          | Silver   | BlueChoice HMO HSA/HRA Silver 1500                      | 964                            | 1.4%                 | 0.797             | \$345.91                  | \$350.75 | \$355.50 | \$360.29 | 0.716             | \$316.46                  | -8.5% | \$321.08 | -8.5% | \$325.83                  | -8.3% | \$330.71 | -8.2% | -12.2%                             |
| 25                | Gold     | BlueChoice HMO Referral \$500                           | Gold     | BlueChoice HMO Referral Gold 500                        | 905                            | 1.3%                 | 0.788             | \$380.79                  | \$386.15 | \$391.40 | \$396.70 | 0.815             | \$393.30                  | 3.3%  | \$399.05 | 3.3%  | \$404.96                  | 3.5%  | \$411.02 | 3.6%  | -0.9%                              |
| 26                | Gold     | BlueChoice Advantage \$500 \$20/\$30                    | Gold     | BlueChoice Advantage Gold 500                           | 200                            | 0.3%                 | 0.785             | \$417.26                  | \$423.14 | \$428.89 | \$434.70 | 0.815             | \$442.36                  | 6.0%  | \$448.82 | 6.1%  | \$455.47                  | 6.2%  | \$462.28 | 6.3%  | 1.8%                               |
| 27                | Gold     | BlueChoice Advantage \$1000                             | Gold     | BlueChoice Advantage Gold 1000                          | 862                            | 1.2%                 | 0.787             | \$398.39                  | \$404.00 | \$409.50 | \$415.04 | 0.791             | \$428.77                  | 7.6%  | \$435.04 | 7.7%  | \$441.48                  | 7.8%  | \$448.08 | 8.0%  | 3.3%                               |
| 28                | Gold     | HealthyBlue HMO \$1,500                                 | Gold     | HealthyBlue HMO Gold 1500                               | 822                            | 1.2%                 | 0.819             | \$399.46                  | \$405.08 | \$410.59 | \$416.16 | 0.818             | \$430.68                  | 7.8%  | \$436.97 | 7.9%  | \$443.44                  | 8.0%  | \$450.07 | 8.1%  | 3.5%                               |
| 29                | Gold     | HealthyBlue Plus \$1,500                                | Gold     | HealthyBlue Plus Gold 1500                              | 1,477                          | 2.1%                 | 0.819             | \$411.03                  | \$416.82 | \$422.49 | \$428.21 | 0.818             | \$442.35                  | 7.6%  | \$448.81 | 7.7%  | \$455.46                  | 7.8%  | \$462.27 | 8.0%  | 3.3%                               |
| 30                | Gold     | HealthyBlue Advantage \$1,500                           | Gold     | HealthyBlue Advantage Gold 1500                         | 3,820                          | 5.5%                 | 0.819             | \$420.13                  | \$426.05 | \$431.84 | \$437.69 | 0.818             | \$461.32                  | 9.8%  | \$468.07 | 9.9%  | \$474.99                  | 10.0% | \$482.10 | 10.1% | 5.4%                               |
| 31                | Gold     | BlueCross BlueShield Preferred 1000, a Multi-State Plan | Gold     | BlueCross BlueShield Preferred 1000, a Multi-State Plan | 340                            | 0.5%                 | 0.799             | \$452.12                  | \$458.28 | \$464.63 | \$471.09 | 0.816             | \$542.92                  | 20.1% | \$550.98 | 20.2% | \$559.16                  | 20.3% | \$567.55 | 20.5% | 15.2%                              |
| 32                | Gold     | BluePreferred PPO \$500 \$20/\$30                       | Gold     | BluePreferred PPO Gold 500                              | 368                            | 0.5%                 | 0.785             | \$479.51                  | \$486.04 | \$492.78 | \$499.63 | 0.815             | \$555.77                  | 15.9% | \$564.02 | 16.0% | \$572.40                  | 16.2% | \$580.98 | 16.3% | 11.2%                              |
| 33                | Gold     | BluePreferred PPO \$1,000 100%/80%                      | Gold     | BluePreferred PPO Gold 1000                             | 4,317                          | 6.2%                 | 0.818             | \$470.84                  | \$477.25 | \$483.87 | \$490.60 | 0.791             | \$541.45                  | 15.0% | \$549.48 | 15.1% | \$557.65                  | 15.2% | \$566.01 | 15.4% | 10.4%                              |
| 34                | Gold     | BluePreferred PPO \$1,000 80%/60%                       | Gold     | BluePreferred PPO Gold 1000                             | 854                            | 1.2%                 | 0.807             | \$451.06                  | \$457.20 | \$463.54 | \$469.99 | 0.791             | \$541.45                  | 20.0% | \$549.48 | 20.2% | \$557.65                  | 20.3% | \$566.01 | 20.4% | 15.2%                              |
| 35                | Gold     | BluePreferred PPO \$1,200                               | Gold     | BluePreferred PPO Gold 1500                             | 2,042                          | 2.9%                 | 0.799             | \$456.72                  | \$462.94 | \$469.36 | \$475.89 | 0.780             | \$538.93                  | 18.0% | \$546.92 | 18.1% | \$555.05                  | 18.3% | \$563.37 | 18.4% | 13.2%                              |
| 36                | Gold     | BluePreferred PPO \$2,000                               | Gold     | BluePreferred PPO Gold 1500                             | 1,158                          | 1.7%                 | 0.792             | \$433.41                  | \$439.31 | \$445.40 | \$451.59 | 0.780             | \$538.93                  | 24.3% | \$546.92 | 24.5% | \$555.05                  | 24.6% | \$563.37 | 24.8% | 19.3%                              |
| 37                | Gold     | BluePreferred PPO HSA/HRA \$1,400                       | Silver   | BluePreferred PPO HSA/HRA Silver 1500                   | 2,874                          | 4.1%                 | 0.781             | \$433.90                  | \$439.77 | \$445.83 | \$451.99 | 0.716             | \$442.20                  | 1.9%  | \$448.76 | 2.0%  | \$455.43                  | 2.2%  | \$462.26 | 2.3%  | -2.2%                              |
| 38                | Gold     | HealthyBlue PPO \$1,500                                 | Gold     | HealthyBlue PPO Gold 1500                               | 2,367                          | 3.4%                 | 0.819             | \$477.02                  | \$483.51 | \$490.22 | \$497.04 | 0.818             | \$546.26                  | 14.5% | \$554.36 | 14.7% | \$562.60                  | 14.8% | \$571.03 | 14.9% | 9.9%                               |
| GOLD SUBTOTAL     |          |   |          |   | 25,281                         | 36.3%                | 0.807             | \$435.21                  | \$441.21 | \$447.28 | \$453.43 | 0.791             | \$480.74                  | 10.1% | \$487.83 | 10.2% | \$495.07                  | 10.3% | \$502.49 | 10.4% | 5.6%                               |
| 39                | Silver   | BlueChoice HMO HSA/HRA \$2,000, 80%                     | Silver   | BlueChoice HMO HSA/HRA Silver 2000                      | 9                              | 0.0%                 | 0.709             | \$287.41                  | \$291.43 | \$295.37 | \$299.35 | 0.696             | \$305.42                  | 6.3%  | \$309.89 | 6.3%  | \$314.47                  | 6.5%  | \$319.18 | 6.6%  | 2.0%                               |
| 40                | Silver   | BlueChoice HMO HSA/HRA \$2,000                          | Silver   | BlueChoice HMO HSA/HRA Silver 2000                      | 877                            | 1.3%                 | 0.719             | \$302.59                  | \$306.83 | \$310.98 | \$315.16 | 0.696             | \$305.42                  | 0.9%  | \$309.89 | 1.0%  | \$314.47                  | 1.1%  | \$319.18 | 1.3%  | -3.1%                              |
| 41                | Silver   | BlueChoice Plus \$2000                                  | Silver   | BlueChoice Plus HSA/HRA Silver 3000                     | 128                            | 0.2%                 | 0.719             | \$336.70                  | \$341.44 | \$346.08 | \$350.77 | 0.682             | \$303.79                  | -9.8% | \$308.23 | -9.7% | \$312.79                  | -9.6% | \$317.47 | -9.5% | -13.4%                             |
| 42                | Silver   | BlueChoice Plus \$1500                                  | Silver   | BlueChoice Plus HSA/HRA Silver 1500                     | 1,195                          | 1.7%                 | 0.717             | \$322.12                  | \$326.63 | \$331.05 | \$335.51 | 0.716             |                           |       |          |       |                           |       |          |       |                                    |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 1/1/2016

|   | Begin    | End         | Mid-point |      | Months of Trend |           |
|---|----------|-------------|-----------|------|-----------------|-----------|
| Experience Period                                 | 1/1/2014 | 12/31/2014  | 7/2/2014  |      |                 |           |
| Rating Period                                     | 1/1/2016 | 12/31/2016  | 7/1/2016  | 24.0 | pd through      | 2/28/2015 |
| Experience Period Summary                         | Total    |             |           |      |                 |           |
| Experience Period Premiums                        | \$       | 233,946,407 |           |      |                 |           |
| MLR Rebates                                       | \$       | -           |           |      |                 |           |
| Net Experience Period Premiums                    | \$       | 233,946,407 |           |      |                 |           |
| Experience Period Paid Claims (Non-Capitated)     | \$       | 199,294,998 |           |      |                 |           |
| Completion Factor                                 |          | 0.99        |           |      |                 |           |
| Experience Period Incurred Claims (Non-Capitated) | \$       | 201,550,409 |           |      |                 |           |
| Capitations                                       | \$       | 647,160     |           |      |                 |           |
| Rx Rebates  | \$       | (5,342,431) |           |      |                 |           |
| Other Manual Claims                               | \$       | -           |           |      |                 |           |
| Total Experience Period Claims                    | \$       | 196,855,138 |           |      |                 |           |
| Experience Period Loss Ratio (Before MLR Rebates) |          | 84.1%       |           |      |                 |           |
| Experience Period Loss Ratio (After MLR Rebates)  |          | 84.1%       |           |      |                 |           |
| Experience Period Loss Ratio (System Claims Only) |          | 86.2%       |           |      |                 |           |
| Experience Period Member Months                   |          | 512,656     |           |      |                 |           |
| Average Members                                   |          | 42,721      |           |      |                 |           |
| End of Experience Period Contracts                |          | 21,579      |           |      |                 |           |
| End of Experience Period Members                  |          | 38,192      |           |      |                 |           |
| Experience Period Allowed Claims (Non-Capitated)  | \$       | 228,912,864 |           |      |                 |           |
| Adjustments                                       | \$       | (4,695,271) |           |      |                 |           |
| Total Adjusted EP Allowed Claims                  | \$       | 224,217,593 |           |      |                 |           |
| EP Paid / Allowed Ratio                           |          | 87.8%       |           |      |                 |           |

Service Category Level Projection

| Service Category Experience Period Allowed              | Utilization Measure | EP Units | EP Allowed \$  | Other | Rx Rebates     | Net Allowed    |
|---|---------------------|----------|----------------|-------|----------------|----------------|
| Inpatient   | Admits              | 2,454    | \$ 40,005,763  | \$ -  | \$ -           | \$ 40,005,763  |
| Outpatient  | Visits              | 37,641   | \$ 47,122,116  | \$ -  | \$ -           | \$ 47,122,116  |
| Professional  | Visits              | 452,011  | \$ 74,124,676  | \$ -  | \$ -           | \$ 74,124,676  |
| Other   | Services            | 47,470   | \$ 13,002,211  | \$ -  | \$ -           | \$ 13,002,211  |
| Rx  | Scripts             | 399,767  | \$ 54,658,099  | \$ -  | \$ (5,342,431) | \$ 49,315,668  |
| Capitation  | Member Months       | 512,656  | \$ 647,160     | \$ -  | \$ -           | \$ 647,160     |
| Total   |                     |          | \$ 229,560,024 | \$ -  | \$ (5,342,431) | \$ 224,217,593 |
| PMPM  |                     |          | \$ 447.79      | \$ -  | \$ (10.42)     | \$ 437.36      |
| Non-EHB Claims In Experience PMPM ***                   |                     |          |                |       |                | \$ 2.92        |
| EP Index Rate for EHB (Rounded to Nearest Whole Dollar) |                     |          |                |       |                | \$ 434.00      |

| Annual Trend Inputs |             |       |
|---------------------|-------------|-------|
| Cost Trend          | Utilization | Trend |
| 7.0%                |             | 0.0%  |
| 3.5%                |             | 3.0%  |
| 2.5%                |             | 1.0%  |
| 4.0%                |             | 2.0%  |
| 13.0%               |             | 0.0%  |
| 0.0%                |             | 0.0%  |

|   |                   |         |                     |             |           |                    |                               |        |             |                    |              |   |           | Effective Allowed                   |      |              |    |        |       |  |  |
|---|-------------------|---------|---------------------|-------------|-----------|--------------------|-------------------------------|--------|-------------|--------------------|--------------|---|-----------|-------------------------------------|------|--------------|----|--------|-------|--|--|
| Service Category                                    | Experience Period | Allowed | Experience Period   |             |           | Projection Factors |                               |        | Cost Factor | Utilization Factor | Total Factor | Projected                                     |           |                                     | PMPM |              |    |        |       |  |  |
|   |                   |         | Utilization Measure | Util / 1000 | Unit Cost | PMPM               | Population Risk / Morbidity * | Other  |             |                    |              | Util / 1000                                   | Unit Cost | PMPM                                |      | Annual Trend |    |        |       |  |  |
| Inpatient   |                   |         | Admits              | 57.43       | \$        | 16,305.46          | \$                            | 78.04  | 1.059       | 0.987              | 1.145        | 1.000   | 1.20      | 60.82                               | \$   | 18,430.01    | \$ | 93.41  | 7.0%  |  |  |
| Outpatient  |                   |         | Visits              | 881.08      | \$        | 1,251.88           | \$                            | 91.92  | 1.059       | 0.987              | 1.071        | 1.061   | 1.19      | 989.89                              | \$   | 1,323.94     | \$ | 109.21 | 6.6%  |  |  |
| Professional  |                   |         | Visits              | 10,580.46   | \$        | 163.99             | \$                            | 144.59 | 1.059       | 1.009              | 1.051        | 1.020   | 1.15      | 11,429.92                           | \$   | 173.91       | \$ | 165.65 | 3.5%  |  |  |
| Other   |                   |         | Services            | 1,111.16    | \$        | 273.90             | \$                            | 25.36  | 1.059       | 1.070              | 1.082        | 1.040   | 1.28      | 1,224.26                            | \$   | 317.05       | \$ | 32.35  | 6.1%  |  |  |
| Rx  |                   |         | Scripts             | 9,357.55    | \$        | 123.36             | \$                            | 96.20  | 1.059       | 0.955              | 1.277        | 1.000   | 1.29      | 9,909.65                            | \$   | 150.41       | \$ | 124.21 | 13.0% |  |  |
| Capitation  |                   |         | Member Months       | 12,000.00   | \$        | 1.26               | \$                            | 1.26   | 1.000       | 0.763              | 1.000        | 1.000   | 0.76      | 12,000.00                           | \$   | 0.96         | \$ | 0.96   | 0.0%  |  |  |
| Total   |                   |         |                     |             |           |                    | \$                            | 437.36 |             |                    |              | Projected Allowed Claims PMPM (EHB + Non-EHB) |           |                                     | \$   | 525.79       |    |        | 7.0%  |  |  |
|   |                   |         |                     |             |           |                    |                               |        |             |                    |              |   |           | Non-EHB Claims In Projected PMPM ** |      |              | \$ | 3.07   |       |  |  |
|   |                   |         |                     |             |           |                    |                               |        |             |                    |              |   |           | Index Rate for EHB                  |      |              | \$ | 522.72 |       |  |  |
| * Please refer to pages 55-56 for more information. |                   |         |                     |             |           |                    |                               |        |             |                    |              |   |           |                                     |      |              |    |        |       |  |  |

\* Please refer to pages 55-56 for more information.

\*\* Includes abortion claims and capitation for embedded adult vision benefit.

\*\*\* Includes abortion claims and capitations for embedded adult vision benefit and pre-ACA core vision.

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 4/1/2016

|                   | Begin    | End        | Mid-point |  | Months of Trend |            |
|-------------------|----------|------------|-----------|--|-----------------|------------|
| Experience Period | 1/1/2014 | 12/31/2014 | 7/2/2014  |  |                 | pd through |
| Rating Period     | 4/1/2016 | 3/31/2017  | 9/30/2016 |  | 27.0            | 2/28/2015  |

|   |                |
|---|----------------|
| Experience Period Summary                         | Total          |
| Experience Period Premiums                        | \$ 233,946,407 |
| MLR Rebates (enter as negative)                   | \$ -           |
| Net Experience Period Premiums                    | \$ 233,946,407 |
| Experience Period Paid Claims (Non-Capitated)     | \$ 199,294,998 |
| Completion Factor                                 | 0.99           |
| Experience Period Incurred Claims (Non-Capitated) | \$ 201,550,409 |
| Capitations                                       | \$ 647,160     |
| Rx Rebates  | \$ (5,342,431) |
| Other Manual Claims                               | \$ -           |
| Total Experience Period Claims                    | \$ 196,855,138 |
| Experience Period Loss Ratio (Before MLR Rebates) | 84.1%          |
| Experience Period Loss Ratio (After MLR Rebates)  | 84.1%          |
| Experience Period Loss Ratio (System Claims Only) | 86.2%          |
| Experience Period Member Months                   | 512,656        |
| Average Members                                   | 42,721         |
| End of Experience Period Contracts                | 21,579         |
| End of Experience Period Members                  | 38,192         |
| Experience Period Allowed Claims (Non-Capitated)  | \$ 228,912,864 |
| Adjustments                                       | \$ (4,695,271) |
| Total Adjusted EP Allowed Claims                  | \$ 224,217,593 |
| EP Paid / Allowed Ratio                           | 87.8%          |

Service Category Level Projection

| Service Category | Experience Period Allowed | Utilization Measure | EP Units | EP Allowed \$  | Other | Rx Rebates     | Net Allowed    |
|------------------|---------------------------|---------------------|----------|----------------|-------|----------------|----------------|
| Inpatient        |                           | Admits              | 2,454    | \$ 40,005,763  | \$ -  | \$ -           | \$ 40,005,763  |
| Outpatient       |                           | Visits              | 37,641   | \$ 47,122,116  | \$ -  | \$ -           | \$ 47,122,116  |
| Professional     |                           | Visits              | 452,011  | \$ 74,124,676  | \$ -  | \$ -           | \$ 74,124,676  |
| Other            |                           | Services            | 47,470   | \$ 13,002,211  | \$ -  | \$ -           | \$ 13,002,211  |
| Rx               |                           | Scripts             | 399,767  | \$ 54,658,099  | \$ -  | \$ (5,342,431) | \$ 49,315,668  |
| Capitation       |                           | Member Months       | 512,656  | \$ 647,160     | \$ -  | \$ -           | \$ 647,160     |
| Total            |                           |                     |          | \$ 229,560,024 | \$ -  | \$ (5,342,431) | \$ 224,217,593 |
| PMPM             |                           |                     |          | \$ 447.79      | \$ -  | \$ (10.42)     | \$ 437.36      |

| Annual Trend Inputs |                   |
|---------------------|-------------------|
| Cost Trend          | Utilization Trend |
| 7.0%                | 0.0%              |
| 3.5%                | 3.0%              |
| 2.5%                | 1.0%              |
| 4.0%                | 2.0%              |
| 13.0%               | 0.0%              |
| 2.0%                | 0.0%              |

|                  |                           |                     |             |              |                    |                               |       |             |   |              |             |              | Effective Allowed                   |              |           |
|------------------|---------------------------|---------------------|-------------|--------------|--------------------|-------------------------------|-------|-------------|---|--------------|-------------|--------------|-------------------------------------|--------------|-----------|
|                  |                           | Experience Period   |             |              | Projection Factors |                               |       |             |   |              |             | PMPM         |                                     |              |           |
| Service Category | Experience Period Allowed | Utilization Measure | Util / 1000 | Unit Cost    | PMPM               | Population Risk / Morbidity * | Other | Cost Factor | Utilization Factor                            | Total Factor | Util / 1000 | Unit Cost    | PMPM                                | Annual Trend |           |
| Inpatient        |                           | Admits              | 57.43       | \$ 16,305.46 | \$ 78.04           | 1.059                         | 0.987 | 1.164       | 1.000   | 1.22         | 60.82       | \$ 18,744.40 | \$ 95.00                            | 7.0%         |           |
| Outpatient       |                           | Visits              | 881.08      | \$ 1,251.88  | \$ 91.92           | 1.059                         | 0.987 | 1.080       | 1.069   | 1.21         | 997.23      | \$ 1,335.38  | \$ 110.97                           | 6.6%         |           |
| Professional     |                           | Visits              | 10,580.46   | \$ 163.99    | \$ 144.59          | 1.059                         | 1.009 | 1.057       | 1.023   | 1.16         | 11,458.39   | \$ 174.99    | \$ 167.09                           | 3.5%         |           |
| Other            |                           | Services            | 1,111.16    | \$ 273.90    | \$ 25.36           | 1.059                         | 1.070 | 1.092       | 1.046   | 1.29         | 1,230.33    | \$ 320.17    | \$ 32.83                            | 6.1%         |           |
| Rx               |                           | Scripts             | 9,357.55    | \$ 123.36    | \$ 96.20           | 1.059                         | 0.955 | 1.317       | 1.000   | 1.33         | 9,909.65    | \$ 155.08    | \$ 128.06                           | 13.0%        |           |
| Capitation       |                           | Member Months       | 12,000.00   | \$ 1.26      | \$ 1.26            | 1.000                         | 0.763 | 1.046       | 1.000   | 0.80         | 12,000.00   | \$ 1.01      | \$ 1.01                             | 2.0%         |           |
| Total            |                           |                     |             |              | \$ 437.36          |                               |       |             | Projected Allowed Claims PMPM (EHB + Non-EHB) |              |             |              | \$ 534.96                           | 7.0%         |           |
|                  |                           |                     |             |              |                    |                               |       |             |   |              |             |              | Non-EHB Claims In Projected PMPM ** |              | \$ 3.14   |
|                  |                           |                     |             |              |                    |                               |       |             |   |              |             |              | Index Rate for EHB                  |              | \$ 531.82 |

\* Please refer to pages 55-56 for more information.

\* Please refer to pages 55-56 for more information.

\*\* Includes abortion claims and capitation for embedded adult vision benefit.

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 7/1/2016

|                   | Begin    | End        | Mid-point  | Months of Trend |            |           |
|-------------------|----------|------------|------------|-----------------|------------|-----------|
| Experience Period | 1/1/2014 | 12/31/2014 | 7/2/2014   |                 | pd through | 2/28/2015 |
| Rating Period     | 7/1/2016 | 6/30/2017  | 12/30/2016 | 30.0            |            |           |

|   |                |
|---|----------------|
| Experience Period Summary                         | Total          |
| Experience Period Premiums                        | \$ 233,946,407 |
| MLR Rebates (enter as negative)                   | \$ -           |
| Net Experience Period Premiums                    | \$ 233,946,407 |
| Experience Period Paid Claims (Non-Capitated)     | \$ 199,294,998 |
| Completion Factor                                 | 0.99           |
| Experience Period Incurred Claims (Non-Capitated) | \$ 201,550,409 |
| Capitations                                       | \$ 647,160     |
| Rx Rebates  | \$ (5,342,431) |
| Other Manual Claims                               | \$ -           |
| Total Experience Period Claims                    | \$ 196,855,138 |
| Experience Period Loss Ratio (Before MLR Rebates) | 84.1%          |
| Experience Period Loss Ratio (After MLR Rebates)  | 84.1%          |
| Experience Period Loss Ratio (System Claims Only) | 86.2%          |
| Experience Period Member Months                   | 512,656        |
| Average Members                                   | 42,721         |
| End of Experience Period Contracts                | 21,579         |
| End of Experience Period Members                  | 38,192         |
| Experience Period Allowed Claims (Non-Capitated)  | \$ 228,912,864 |
| Adjustments                                       | \$ (4,695,271) |
| Total Adjusted EP Allowed Claims                  | \$ 224,217,593 |
| EP Paid / Allowed Ratio                           | 87.8%          |

Service Category Level Projection

| Service Category | Experience Period Allowed | Utilization Measure | EP Units | EP Allowed \$  | Other | Rx Rebates     | Net Allowed    |
|------------------|---------------------------|---------------------|----------|----------------|-------|----------------|----------------|
| Inpatient        |                           | Admits              | 2,454    | \$ 40,005,763  | \$ -  | \$ -           | \$ 40,005,763  |
| Outpatient       |                           | Visits              | 37,641   | \$ 47,122,116  | \$ -  | \$ -           | \$ 47,122,116  |
| Professional     |                           | Visits              | 452,011  | \$ 74,124,676  | \$ -  | \$ -           | \$ 74,124,676  |
| Other            |                           | Services            | 47,470   | \$ 13,002,211  | \$ -  | \$ -           | \$ 13,002,211  |
| Rx               |                           | Scripts             | 399,767  | \$ 54,658,099  | \$ -  | \$ (5,342,431) | \$ 49,315,668  |
| Capitation       |                           | Member Months       | 512,656  | \$ 647,160     | \$ -  | \$ -           | \$ 647,160     |
| Total            |                           |                     |          | \$ 229,560,024 | \$ -  | \$ (5,342,431) | \$ 224,217,593 |
| PMPM             |                           |                     |          | \$ 447.79      | \$ -  | \$ (10.42)     | \$ 437.36      |

| Annual Trend Inputs |                   |
|---------------------|-------------------|
| Cost Trend          | Utilization Trend |
| 7.0%                | 0.0%              |
| 3.5%                | 3.0%              |
| 2.5%                | 1.0%              |
| 4.0%                | 2.0%              |
| 13.0%               | 0.0%              |
| 2.0%                | 0.0%              |

|                  |                           |                     |             |              |                    |                               |       |             |                    |              |   |              | Effective Allowed PMPM |
|------------------|---------------------------|---------------------|-------------|--------------|--------------------|-------------------------------|-------|-------------|--------------------|--------------|---|--------------|------------------------|
|                  |                           | Experience Period   |             |              | Projection Factors |                               |       | Projected   |                    |              |   |              | Annual Trend           |
| Service Category | Experience Period Allowed | Utilization Measure | Util / 1000 | Unit Cost    | PMPM               | Population Risk / Morbidity * | Other | Cost Factor | Utilization Factor | Total Factor | Util / 1000                                   | Unit Cost    | PMPM                   |
| Inpatient        |                           | Admits              | 57.43       | \$ 16,305.46 | \$ 78.04           | 1.059                         | 0.987 | 1.184       | 1.000              | 1.24         | 60.82   | \$ 19,064.15 | \$ 96.62               |
| Outpatient       |                           | Visits              | 881.08      | \$ 1,251.88  | \$ 91.92           | 1.059                         | 0.987 | 1.090       | 1.077              | 1.23         | 1,004.63                                      | \$ 1,346.91  | \$ 112.76              |
| Professional     |                           | Visits              | 10,580.46   | \$ 163.99    | \$ 144.59          | 1.059                         | 1.009 | 1.064       | 1.025              | 1.17         | 11,486.93                                     | \$ 176.07    | \$ 168.54              |
| Other            |                           | Services            | 1,111.16    | \$ 273.90    | \$ 25.36           | 1.059                         | 1.070 | 1.103       | 1.051              | 1.31         | 1,236.44                                      | \$ 323.33    | \$ 33.31               |
| Rx               |                           | Scripts             | 9,357.55    | \$ 123.36    | \$ 96.20           | 1.059                         | 0.955 | 1.357       | 1.000              | 1.37         | 9,909.65                                      | \$ 159.89    | \$ 132.04              |
| Capitation       |                           | Member Months       | 12,000.00   | \$ 1.26      | \$ 1.26            | 1.000                         | 0.763 | 1.051       | 1.000              | 0.80         | 12,000.00                                     | \$ 1.01      | \$ 1.01                |
| Total            |                           |                     |             |              | \$ 437.36          |                               |       |             |                    |              |   |              |                        |
|                  |                           |                     |             |              |                    |                               |       |             |                    |              | Projected Allowed Claims PMPM (EHB + Non-EHB) |              | 7.0%                   |
|                  |                           |                     |             |              |                    |                               |       |             |                    |              | Non-EHB Claims In Projected PMPM **           |              | 3.20                   |
|                  |                           |                     |             |              |                    |                               |       |             |                    |              | Index Rate for EHB                            |              | \$ 541.09              |

\* Please refer to pages 55-56 for more information.

\*\* Includes abortion claims and capitation for embedded adult vision benefit.

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 10/1/2016

|                   | Begin     | End        | Mid-point | Months of Trend |            |           |
|-------------------|-----------|------------|-----------|-----------------|------------|-----------|
| Experience Period | 1/1/2014  | 12/31/2014 | 7/2/2014  |                 | pd through | 2/28/2015 |
| Rating Period     | 10/1/2016 | 9/30/2017  | 4/1/2017  | 33.0            |            |           |

|   |                |
|---|----------------|
| Experience Period Summary                         | Total          |
| Experience Period Premiums                        | \$ 233,946,407 |
| MLR Rebates (enter as negative)                   | \$ -           |
| Net Experience Period Premiums                    | \$ 233,946,407 |
| Experience Period Paid Claims (Non-Capitated)     | \$ 199,294,998 |
| Completion Factor                                 | 0.99           |
| Experience Period Incurred Claims (Non-Capitated) | \$ 201,550,409 |
| Capitations                                       | \$ 647,160     |
| Rx Rebates  | \$ (5,342,431) |
| Other Manual Claims                               | \$ -           |
| Total Experience Period Claims                    | \$ 196,855,138 |
| Experience Period Loss Ratio (Before MLR Rebates) | 84.1%          |
| Experience Period Loss Ratio (After MLR Rebates)  | 84.1%          |
| Experience Period Loss Ratio (System Claims Only) | 86.2%          |
| Experience Period Member Months                   | 512,656        |
| Average Members                                   | 42,721         |
| End of Experience Period Contracts                | 21,579         |
| End of Experience Period Members                  | 38,192         |
| Experience Period Allowed Claims (Non-Capitated)  | \$ 228,912,864 |
| Adjustments                                       | \$ (4,695,271) |
| Total Adjusted EP Allowed Claims                  | \$ 224,217,593 |
| EP Paid / Allowed Ratio                           | 87.8%          |

Service Category Level Projection

| Service Category | Experience Period Allowed | Utilization Measure | EP Units | EP Allowed \$  | Other | Rx Rebates     | Net Allowed    |
|------------------|---------------------------|---------------------|----------|----------------|-------|----------------|----------------|
| Inpatient        |                           | Admits              | 2,454    | \$ 40,005,763  | \$ -  | \$ -           | \$ 40,005,763  |
| Outpatient       |                           | Visits              | 37,641   | \$ 47,122,116  | \$ -  | \$ -           | \$ 47,122,116  |
| Professional     |                           | Visits              | 452,011  | \$ 74,124,676  | \$ -  | \$ -           | \$ 74,124,676  |
| Other            |                           | Services            | 47,470   | \$ 13,002,211  | \$ -  | \$ -           | \$ 13,002,211  |
| Rx               |                           | Scripts             | 399,767  | \$ 54,658,099  | \$ -  | \$ (5,342,431) | \$ 49,315,668  |
| Capitation       |                           | Member Months       | 512,656  | \$ 647,160     | \$ -  | \$ -           | \$ 647,160     |
| Total            |                           |                     |          | \$ 229,560,024 | \$ -  | \$ (5,342,431) | \$ 224,217,593 |
| PMPM             |                           |                     |          | \$ 447.79      | \$ -  | \$ (10.42)     | \$ 437.36      |

| Annual Trend Inputs |                   |
|---------------------|-------------------|
| Cost Trend          | Utilization Trend |
| 7.0%                | 0.0%              |
| 3.5%                | 3.0%              |
| 2.5%                | 1.0%              |
| 4.0%                | 2.0%              |
| 13.0%               | 0.0%              |
| 2.0%                | 0.0%              |

|   |                           |                     |             |              |                    |                               |       |             |                    |              |             |              | Effective Allowed PMPM |
|---|---------------------------|---------------------|-------------|--------------|--------------------|-------------------------------|-------|-------------|--------------------|--------------|-------------|--------------|------------------------|
|   |                           | Experience Period   |             |              | Projection Factors |                               |       | Projected   |                    |              |             |              | Annual Trend           |
| Service Category                              | Experience Period Allowed | Utilization Measure | Util / 1000 | Unit Cost    | PMPM               | Population Risk / Morbidity * | Other | Cost Factor | Utilization Factor | Total Factor | Util / 1000 | Unit Cost    | PMPM                   |
| Inpatient                                     |                           | Admits              | 57.43       | \$ 16,305.46 | \$ 78.04           | 1.059                         | 0.987 | 1.204       | 1.000              | 1.26         | 60.82       | \$ 19,389.36 | \$ 98.27               |
| Outpatient                                    |                           | Visits              | 881.08      | \$ 1,251.88  | \$ 91.92           | 1.059                         | 0.987 | 1.099       | 1.085              | 1.25         | 1,012.08    | \$ 1,358.55  | \$ 114.58              |
| Professional                                  |                           | Visits              | 10,580.46   | \$ 163.99    | \$ 144.59          | 1.059                         | 1.009 | 1.070       | 1.028              | 1.18         | 11,515.54   | \$ 177.16    | \$ 170.01              |
| Other   |                           | Services            | 1,111.16    | \$ 273.90    | \$ 25.36           | 1.059                         | 1.070 | 1.114       | 1.056              | 1.33         | 1,242.58    | \$ 326.51    | \$ 33.81               |
| Rx  |                           | Scripts             | 9,357.55    | \$ 123.36    | \$ 96.20           | 1.059                         | 0.955 | 1.399       | 1.000              | 1.42         | 9,909.65    | \$ 164.85    | \$ 136.13              |
| Capitation                                    |                           | Member Months       | 12,000.00   | \$ 1.26      | \$ 1.26            | 1.000                         | 0.763 | 1.056       | 1.000              | 0.81         | 12,000.00   | \$ 1.02      | \$ 1.02                |
| Total   |                           |                     |             |              | \$ 437.36          |                               |       |             |                    |              |             |              |                        |
| Projected Allowed Claims PMPM (EHB + Non-EHB) |                           |                     |             |              |                    |                               |       |             |                    |              | \$ 553.82   |              | 7.0%                   |
| Non-EHB Claims In Projected PMPM **           |                           |                     |             |              |                    |                               |       |             |                    |              | \$ 3.26     |              |                        |
| Index Rate for EHB                            |                           |                     |             |              |                    |                               |       |             |                    |              | \$ 550.56   |              |                        |

\* Please refer to pages 55-56 for more information.

\*\* Includes abortion claims and capitation for embedded adult vision benefit.



**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Estimate of Non-EHB Claims - Individual, non-Medigap & Small Group Markets Combined**

**Abortion Coverage (Applies to Individual, Non-Medigap & Small Group Markets)**

| Total - Abortion Related | Allowed Amount | 2014 Member Months | Exp Period PMPM | Projected PMPM |
|--------------------------|----------------|--------------------|-----------------|----------------|
| GHMSI                    | \$1,597,909    | 629,664            | <b>\$2.54</b>   |                |
|                          |                |                    |                 | 1Q16 \$2.99    |
|                          |                |                    |                 | 2Q16 \$3.06    |
|                          |                |                    |                 | 3Q16 \$3.12    |
|                          |                |                    |                 | 4Q16 \$3.18    |

**Embedded Adult Vision Coverage (Applies to Individual, Non-Medigap Market Only)**  
Refer to page 38 for details.

| Projected PMPM Spread Over Individual Market | Blended with Small Group | Projected PMPM |
|--|--------------------------|----------------|
| \$1.06                                       | <b>\$0.08</b>            |                |
|  |                          | 1Q16 \$0.08    |
|  |                          | 2Q16 \$0.08    |
|  |                          | 3Q16 \$0.08    |
|  |                          | 4Q16 \$0.08    |

| Projected Non-EHB PMPM |
|------------------------|
| 1Q16 <b>\$3.07</b>     |
| 2Q16 <b>\$3.14</b>     |
| 3Q16 <b>\$3.20</b>     |
| 4Q16 <b>\$3.26</b>     |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Adjustments for Small Group Benefits in Excess of EHB**

|  |              |              |              |
|--|--------------|--------------|--------------|
| <b><u>1Q16</u></b>   | <b>Med</b>   | <b>Rx</b>    | <b>Total</b> |
| Index Rate for EHB   | \$ 398.51    | \$ 124.21    | \$ 522.72    |
| <b><u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u></b> |              |              |              |
| Abortion *   | \$ 2.98      | \$ -         | \$ 2.98      |
| Total Adjustment to Index Rate   | <b>0.75%</b> | <b>0.00%</b> | <b>0.57%</b> |
| <b><u>2Q16</u></b>   | <b>Med</b>   | <b>Rx</b>    | <b>Total</b> |
| Index Rate for EHB   | \$ 403.76    | \$ 128.06    | \$ 531.82    |
| <b><u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u></b> |              |              |              |
| Abortion *   | \$ 3.02      | \$ -         | \$ 3.02      |
| Total Adjustment to Index Rate   | <b>0.75%</b> | <b>0.00%</b> | <b>0.57%</b> |
| <b><u>3Q16</u></b>   | <b>Med</b>   | <b>Rx</b>    | <b>Total</b> |
| Index Rate for EHB   | \$ 409.05    | \$ 132.04    | \$ 541.09    |
| <b><u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u></b> |              |              |              |
| Abortion *   | \$ 3.06      | \$ -         | \$ 3.06      |
| Total Adjustment to Index Rate   | <b>0.75%</b> | <b>0.00%</b> | <b>0.57%</b> |
| <b><u>4Q16</u></b>   | <b>Med</b>   | <b>Rx</b>    | <b>Total</b> |
| Index Rate for EHB   | \$ 414.43    | \$ 136.13    | \$ 550.56    |
| <b><u>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</u></b> |              |              |              |
| Abortion *   | \$ 3.10      | \$ -         | \$ 3.10      |
| Total Adjustment to Index Rate   | <b>0.75%</b> | <b>0.00%</b> | <b>0.57%</b> |

\* Based on calendar year 2014 experience for DC GHMSI Small Group business, trended to 2016.

Note: Abortion coverage applies to all DC Small Group plans, excluding the two multi-state plans.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**DC GHMSI Index Rate History**

| Month         | Index Rate       | % Change     | % Change Year to Year |
|---------------|------------------|--------------|-----------------------|
| 201401        | \$ 448.53        |              |                       |
| 201404        | \$ 454.11        | 1.24%        |                       |
| 201407        | \$ 459.80        | 1.25%        |                       |
| 201410        | \$ 465.58        | 1.26%        |                       |
| 201501        | \$ 459.94        | -1.21%       | 2.54%                 |
| 201504        | \$ 467.90        | 1.73%        | 3.03%                 |
| 201507        | \$ 476.02        | 1.74%        | 3.53%                 |
| 201510        | \$ 484.31        | 1.74%        | 4.02%                 |
| <b>201601</b> | <b>\$ 522.72</b> | <b>7.93%</b> | <b>13.65%</b>         |
| <b>201604</b> | <b>\$ 531.82</b> | <b>1.74%</b> | <b>13.66%</b>         |
| <b>201607</b> | <b>\$ 541.09</b> | <b>1.74%</b> | <b>13.67%</b>         |
| <b>201610</b> | <b>\$ 550.56</b> | <b>1.75%</b> | <b>13.68%</b>         |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**2016 ACA - TREND ANALYSIS SUMMARY - DC GHMSI**

| 1           | 2   | 3                       | 4             | 5     | 6           | 7      | 8                 | 9             | 10    | 11          | 12     | 13    | 14          | 15       | 16      |           |  |  |
|-------------|---|-------------------------|---------------|-------|-------------|--------|-------------------|---------------|-------|-------------|--------|-------|-------------|----------|---------|-----------|--|--|
| 2015 FILING |   |                         |               |       |             |        | 2016 FILING       |               |       |             |        |       |             |          |         |           |  |  |
| PROJECTED   |   |                         |               |       |             |        | EXPERIENCE PERIOD |               |       |             |        |       |             |          |         | PROJECTED |  |  |
| GHMSI-DC    |   | Allowed                 |               | Cost  | Utilization | Claims | Allowed           |               | Cost  | Utilization | Claims | Cost  | Utilization | Claims   | vs 2015 |           |  |  |
|             |   | Claims *                | %             | Trend | Trend       | Trend  | Claims            | %             | Trend | Trend       | Trend  | Trend | Trend       | Trend ** | Δ       |           |  |  |
| 1           | Inpatient                                       | Hospital                | \$38,899,620  | 17%   | 5.0%        | 0.0%   | 5.0%              | \$40,005,763  | 17%   | 5.0%        | 4.0%   | 9.2%  | 7.0%        | 0.0%     | 7.0%    | 2.0%      |  |  |
| 2           | Outpatient                                      | Hospital                | \$46,445,610  | 20%   | 8.0%        | 2.0%   | 10.2%             | \$47,122,116  | 21%   | 7.2%        | 5.1%   | 12.7% | 3.5%        | 3.0%     | 6.6%    | -3.6%     |  |  |
| 3           | Professional                                    |                         | \$76,881,109  | 33%   | 2.5%        | 2.5%   | 5.1%              | \$74,124,676  | 32%   | 2.7%        | 1.4%   | 4.1%  | 2.5%        | 1.0%     | 3.5%    | -1.5%     |  |  |
| 4           | Other Medical                                   | Non-Capitated Ambulance | \$11,955,628  | 5%    | 10.0%       | 6.0%   | 16.6%             | \$13,002,211  | 6%    | -4.5%       | 22.5%  | 17.0% | 4.0%        | 2.0%     | 6.1%    | -10.5%    |  |  |
| 5           |   | Home Health             |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 6           |   | DME                     |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 7           |   | Prosthetics             |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 8           |   | Supplies                |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 9           |   | Vision Exams            |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 10          |   | Dental Services         |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 11          |   | Other Services          |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 12          | Medical   | Subtotal (Clms-Wgtd):   | \$174,181,966 | 75%   | 5.0%        | 2.0%   | 7.2%              | \$174,254,765 | 76%   | 3.9%        | 4.6%   | 8.5%  | 3.9%        | 1.4%     | 5.3%    | -1.9%     |  |  |
| 13          |   |                         |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 14          | RX  | Claims-Weighted         | \$58,693,066  | 25%   | 7.5%        | -1.5%  | 5.9%              | \$54,658,099  | 24%   | 0.9%        | 0.1%   | 1.0%  | 13.0%       | 0.0%     | 13.0%   | 7.1%      |  |  |
| 15          | TOTAL   | Claims-Weighted         | \$232,875,032 | 100%  | 5.7%        | 1.2%   | 6.9%              | \$228,912,864 | 100%  | 3.2%        | 3.5%   | 6.8%  | 6.1%        | 1.1%     | 7.2%    | 0.3%      |  |  |
| 16          |   |                         |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 17          | Weighted Total DC (BlueChoice & GHMSI Combined) |                         |               |       |             |        |                   |               |       |             |        |       |             |          | 7.2%    |           |  |  |

\* Includes grandfathered Small Group business.

\*\* Note: The total trend shown is claims-weighted. The actual pricing trend utilized is 7.0%, calculated on a PMPM basis.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**2016 ACA - PLAN LEVEL DERIVATIONS**  
**SG DC GHMSI**

|   | 1                      | 2           | 3      | 4      | 5             | 6                              | 7        | 8              | 9          | 10                           | 11         | 12             | 13               | 14         | 15           | 16      | 17              | 18           | 19                                | 20          | 21       | 22       |   |
|---|------------------------|-------------|--------|--------|---------------|--------------------------------|----------|----------------|------------|------------------------------|------------|----------------|------------------|------------|--------------|---------|-----------------|--------------|-----------------------------------|-------------|----------|----------|---|
|   | Actual                 | ON-Exchange |        |        | INDEX RATE    | Market-Level Adjustments (MLA) |          |                | INDEX RATE | Plan-Level Adjustments (PLA) |            |                |                  |            |              |         |                 | INDEX RATE   |                                   | Calibration | BASE     | BASE     |   |
|   | 2/28/2015              | 1Q16 Cohort |        |        |               |                                |          |                |            |                              |            |                |                  |            |              |         |                 |              | Allowable Rating Factors (ARFs) * | PREMIUM     | PREMIUM  |          |   |
|   | Mapped                 | Projected   |        |        | (Ave ALW EHB) | Reins.                         | Risk Adj | Exch User Fees | (Post-MLA) | CF Pricing Value             | CDH Factor | Induced Demand | = (12)x(13)x(14) | Cost Share | Network & UM | Non-EHB | Distrib & Admin | (Plan-Level) | 2016 HHS AV                       | Age         | 1Q16     | 1Q15     | Change in Plan Level Index Rate (1Q16 / 1Q15) |
| Benefit Plan  |                        | EMMs        | %      |        |               |                                |          |                |            |                              |            |                |                  |            |              |         |                 |              |                                   |             |          |          |   |
| Silver Plans  | Ded.                   | OOP Max     |        |        |               |                                |          |                |            |                              |            |                |                  |            |              |         |                 |              |                                   |             |          |          |   |
| BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) | \$2,000 (Integrated)   | \$4,750     | 11     | 252    | 0.3%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7064     | 0.9600         | 1.0100           | 0.6849     | 1.0000       | 1.0000  | 1.3324          | \$441.06     | 0.7199                            | 0.9497      | \$418.86 | \$343.45 | 22.0%   |
| BluePreferred PPO Silver 1000                                     | \$1,000 Med / \$100 Rx | \$6,850     | 170    | 768    | 0.8%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7001     | 1.0070         | 1.0100           | 0.7120     | 1.0000       | 1.0057  | 1.3324          | \$461.08     | 0.7145                            | 0.9497      | \$437.88 | \$316.26 | 38.5%   |
| BluePreferred PPO HSA/HRA Silver 1500                             | \$1,500 (Integrated)   | \$6,550     | 2,874  | 7,320  | 7.6%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7043     | 0.9600         | 1.0100           | 0.6828     | 1.0000       | 1.0057  | 1.3324          | \$442.20     | 0.7157                            | 0.9497      | \$419.94 | \$412.06 | 1.9%  |
| BluePreferred PPO HSA/HRA Silver 2000                             | \$2,000 (Integrated)   | \$6,000     | 1,703  | 4,416  | 4.6%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.6847     | 0.9600         | 1.0100           | 0.6638     | 1.0000       | 1.0057  | 1.3324          | \$429.91     | 0.6959                            | 0.9497      | \$408.27 | \$352.72 | 15.7%   |
| HealthyBlue PPO HSA/HRA Silver 2000                               | \$2,000 (Integrated)   | \$6,550     | 279    | 1,020  | 1.1%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7110     | 0.9600         | 1.0100           | 0.6893     | 1.0000       | 1.0057  | 1.3324          | \$446.40     | 0.7191                            | 0.9497      | \$423.93 | \$359.07 | 18.1%   |
| Gold Plans  |                        |             |        |        |               |                                |          |                |            |                              |            |                |                  |            |              |         |                 |              |                                   |             |          |          |   |
| BlueCross BlueShield Preferred 1000, a Multi-State Plan (HSA/HRA) | \$1,000 (Integrated)   | \$3,500     | 340    | 840    | 0.9%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7945     | 1.0070         | 1.0539           | 0.8431     | 1.0000       | 1.0000  | 1.3324          | \$542.92     | 0.8160                            | 0.9497      | \$515.59 | \$429.36 | 20.1%   |
| BluePreferred PPO Gold 500  | \$500 Med / \$250 Rx   | \$4,000     | 368    | 912    | 0.9%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.8087     | 1.0070         | 1.0539           | 0.8582     | 1.0000       | 1.0057  | 1.3324          | \$555.77     | 0.8150                            | 0.9497      | \$527.80 | \$455.38 | 15.9%   |
| BluePreferred PPO Gold 1000                                       | \$1,000 Med / \$250 Rx | \$4,000     | 5,171  | 13,560 | 14.1%         | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7878     | 1.0070         | 1.0539           | 0.8361     | 1.0000       | 1.0057  | 1.3324          | \$541.45     | 0.7907                            | 0.9497      | \$514.20 | \$444.04 | 15.8%   |
| BluePreferred PPO Gold 1500                                       | \$1,500 Med / \$250 Rx | \$3,000     | 3,200  | 7,884  | 8.2%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7842     | 1.0070         | 1.0539           | 0.8322     | 1.0000       | 1.0057  | 1.3324          | \$538.93     | 0.7801                            | 0.9497      | \$511.80 | \$425.72 | 20.2%   |
| HealthyBlue PPO Gold 1500   | \$1,500 Med / \$0 Rx   | \$5,500     | 2,367  | 5,832  | 6.1%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7948     | 1.0070         | 1.0539           | 0.8435     | 1.0000       | 1.0057  | 1.3324          | \$546.26     | 0.8178                            | 0.9497      | \$518.76 | \$453.01 | 14.5%   |
| Platinum Plans  |                        |             |        |        |               |                                |          |                |            |                              |            |                |                  |            |              |         |                 |              |                                   |             |          |          |   |
| BluePreferred PPO Platinum 0                                      | \$0 Med / \$0 Rx       | \$1,500     | 12,535 | 35,772 | 37.2%         | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.9113     | 1.0070         | 1.1417           | 1.0477     | 1.0000       | 1.0057  | 1.3324          | \$678.51     | 0.9109                            | 0.9497      | \$644.36 | \$561.89 | 14.7%   |
| BluePreferred PPO Platinum 500                                    | \$500 Med / \$0 Rx     | \$1,500     | 5,321  | 16,272 | 16.9%         | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.8744     | 1.0070         | 1.1417           | 1.0053     | 1.0000       | 1.0057  | 1.3324          | \$651.02     | 0.8843                            | 0.9497      | \$618.25 | \$521.57 | 18.5%   |
| HealthyBlue PPO Platinum 500                                      | \$500 Med / \$0 Rx     | \$1,500     | 350    | 900    | 0.9%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.9033     | 1.0070         | 1.1417           | 1.0385     | 1.0000       | 1.0057  | 1.3324          | \$672.52     | 0.8890                            | 0.9497      | \$638.67 | \$539.71 | 18.3%   |
| HealthyBlue PPO Platinum 1000                                     | \$1,000 Med / \$0 Rx   | \$1,500     | 200    | 504    | 0.5%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.8762     | 1.0070         | 1.1417           | 1.0073     | 1.0000       | 1.0057  | 1.3324          | \$652.35     | 0.8804                            | 0.9497      | \$619.52 | \$525.52 | 17.9%   |
| SILVER SUBTOTAL:  |                        |             | 5,037  | 13,776 | 14.3%         | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.6983     | 0.9626         | 1.0100           | 0.6789     | 1.0000       | 1.0056  | 1.3324          | \$439.60     | 0.7096                            | 0.9497      | \$417.47 | \$385.68 | 8.8%  |
| GOLD SUBTOTAL:  |                        |             | 11,446 | 29,028 | 30.2%         | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7891     | 1.0070         | 1.0539           | 0.8374     | 1.0000       | 1.0055  | 1.3324          | \$542.22     | 0.7948                            | 0.9497      | \$514.93 | \$440.70 | 16.9%   |
| PLATINUM SUBTOTAL:  |                        |             | 18,406 | 53,448 | 55.5%         | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.8996     | 1.0070         | 1.1417           | 1.0343     | 1.0000       | 1.0057  | 1.3324          | \$669.79     | 0.9022                            | 0.9497      | \$636.08 | \$549.42 | 15.9%   |
| GRAND TOTAL:  |                        |             | 34,889 | 96,252 | 100.0%        | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.8375     | 1.0006         | 1.0963           | 0.9240     | 1.0000       | 1.0056  | 1.3324          | \$598.37     | 0.842                             | 0.9497      | \$568.26 | \$490.11 | 15.2%   |

\* Geographic and Tobacco calibration factors both = 1.000.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**GHMSI Plan Level Rate Derivation - 1/1/2016**

*Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB*

| Plan   | BlueCross BlueShield Preferred 1000, a Multi-State Plan | BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) | BluePreferred PPO Platinum 0         | HealthyBlue PPO Platinum 500        | BluePreferred PPO Platinum 500       | BluePreferred PPO Gold 500           | HealthyBlue PPO Platinum 1000       | BluePreferred PPO Gold 1000          |
|--|---|---|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|
| HIOS Product ID  | 78079DC017  | 78079DC017  | 78079DC022                           | 78079DC022                          | 78079DC022                           | 78079DC022                           | 78079DC022                          | 78079DC022                           |
| HIOS Plan ID   | 78079DC0170001  | 78079DC0170002  | 78079DC0220024                       | 78079DC0220030                      | 78079DC0220025                       | 78079DC0220021                       | 78079DC0220029                      | 78079DC0220020                       |
| Metal Level  | Gold  | Silver  | Platinum                             | Platinum                            | Platinum                             | Gold                                 | Platinum                            | Gold                                 |
| Metallic AV  | 81.60%  | 71.99%  | 91.09%                               | 88.90%                              | 88.43%                               | 81.50%                               | 88.04%                              | 79.07%                               |
| On / Off Exchange  | On  | On  | On                                   | On                                  | On                                   | On                                   | On                                  | On                                   |
| Network Type   | Regional Preferred (RPN)                                | Regional Preferred (RPN)  | Regional Preferred (RPN)             | Regional Preferred (RPN)            | Regional Preferred (RPN)             | Regional Preferred (RPN)             | Regional Preferred (RPN)            | Regional Preferred (RPN)             |
| High Level Benefit Description                           |   |   |                                      |                                     |                                      |                                      |                                     |                                      |
| Integrated Individual Deductible                         | Y   | Y   | N                                    | N                                   | N                                    | N                                    | N                                   | N                                    |
| Individual OOP Max                                       | \$1,000 (Integrated)<br>\$3,500                         | \$2,000 (Integrated)<br>\$4,750                                   | \$0 Med / \$0 Rx<br>\$1,500          | \$500 Med / \$0 Rx<br>\$1,500       | \$500 Med / \$0 Rx<br>\$1,500        | \$500 Med / \$250 Rx<br>\$4,000      | \$1,000 Med / \$0 Rx<br>\$1,500     | \$1,000 Med / \$250 Rx<br>\$4,000    |
| Member Copay/Coinsurance                                 | 10%   | 20%   | \$10 PCP/\$20 Spec/\$100 ER/\$200 IP | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP | \$10 PCP/\$20 Spec/\$100 ER/\$200 IP | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP |
| Rx Copays:   |   |   |                                      |                                     |                                      |                                      |                                     |                                      |
| Retail Generic   | \$10  | \$10  | \$10                                 | \$0                                 | \$10                                 | \$10                                 | \$0                                 | \$10                                 |
| Retail Preferred Brand                                   | 20%   | 20%   | \$45                                 | \$45                                | \$45                                 | \$45                                 | \$45                                | \$45                                 |
| Retail NonPreferred Brand                                | 40%   | 40%   | \$65                                 | \$65                                | \$65                                 | \$65                                 | \$65                                | \$65                                 |
| Specialty  | 50% (\$150 Max Copay)                                   | 50% (\$150 Max Copay)   | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                |
| Embedded Pediatric Dental Benefit Deductible (Class 2-4) | \$25  | \$25  | \$25                                 | \$25                                | \$25                                 | \$25                                 | \$25                                | \$25                                 |
| Class 1  | 0%  | 0%  | 0%                                   | 0%                                  | 0%                                   | 0%                                   | 0%                                  | 0%                                   |
| Class 2  | 20%   | 20%   | 20%                                  | 20%                                 | 20%                                  | 20%                                  | 20%                                 | 20%                                  |
| Class 3  | 20%   | 20%   | 20%                                  | 20%                                 | 20%                                  | 20%                                  | 20%                                 | 20%                                  |
| Class 4  | 50%   | 50%   | 50%                                  | 50%                                 | 50%                                  | 50%                                  | 50%                                 | 50%                                  |
| Class 5  | 50%   | 50%   | 50%                                  | 50%                                 | 50%                                  | 50%                                  | 50%                                 | 50%                                  |
| Out of Pocket Max  | Embedded in Med & Rx                                    | Embedded in Med & Rx  | Embedded in Med & Rx                 | Embedded in Med & Rx                | Embedded in Med & Rx                 | Embedded in Med & Rx                 | Embedded in Med & Rx                | Embedded in Med & Rx                 |
| Index Rate (Projected EHB Allowed PMPM)                  | \$522.72  | \$522.72  | \$522.72                             | \$522.72                            | \$522.72                             | \$522.72                             | \$522.72                            | \$522.72                             |
| Market Level Adjustments:                                |   |   |                                      |                                     |                                      |                                      |                                     |                                      |
| Reinsurance  | 1.0043  | 1.0043  | 1.0043                               | 1.0043                              | 1.0043                               | 1.0043                               | 1.0043                              | 1.0043                               |
| Risk Adjustment  | 0.9206  | 0.9206  | 0.9206                               | 0.9206                              | 0.9206                               | 0.9206                               | 0.9206                              | 0.9206                               |
| Exchange User Fees                                       | 1.0000  | 1.0000  | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               |
| Market Adjusted Index Rate (PMPM)                        | \$483.28  | \$483.28  | \$483.28                             | \$483.28                            | \$483.28                             | \$483.28                             | \$483.28                            | \$483.28                             |
| Plan Level Adjustments                                   |   |   |                                      |                                     |                                      |                                      |                                     |                                      |
| Cost-Sharing Factor                                      | 0.8431  | 0.6849  | 1.0477                               | 1.0385                              | 1.0053                               | 0.8582                               | 1.0073                              | 0.8361                               |
| Network &UM  | 1.0000  | 1.0000  | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               |
| Non-EHB *  | 1.0000  | 1.0000  | 1.0057                               | 1.0057                              | 1.0057                               | 1.0057                               | 1.0057                              | 1.0057                               |
| Catastrophic Adj   | 1.0000  | 1.0000  | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               |
| Distribution and Admin Cost                              | 1.3324  | 1.3324  | 1.3324                               | 1.3324                              | 1.3324                               | 1.3324                               | 1.3324                              | 1.3324                               |
| Plan Adjusted Index Rate (PMPM)                          | \$542.92  | \$441.06  | \$678.51                             | \$672.52                            | \$651.02                             | \$555.77                             | \$652.35                            | \$541.45                             |
| Calibrations to Consumer Level Rating Factors            |   |   |                                      |                                     |                                      |                                      |                                     |                                      |
| Age Calibration  | 0.9497  | 0.9497  | 0.9497                               | 0.9497                              | 0.9497                               | 0.9497                               | 0.9497                              | 0.9497                               |
| Geo Calibration  | 1.0000  | 1.0000  | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               |
| Tobacco Calibration                                      | 1.0000  | 1.0000  | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               |
| Consumer Level Base Rate                                 | \$515.59  | \$418.86  | \$644.36                             | \$638.67                            | \$618.25                             | \$527.80                             | \$619.52                            | \$514.20                             |
| Pricing AV   | 112.3%  | 91.3%   | 140.4%                               | 139.2%                              | 134.7%                               | 115.0%                               | 135.0%                              | 112.0%                               |
| Estimated Plan DICR                                      | 74.7%   | 74.7%   | 74.7%                                | 74.7%                               | 74.7%                                | 74.7%                                | 74.7%                               | 74.7%                                |
| Projected Member Months                                  | 840   | 252   | 35,772                               | 900                                 | 16,272                               | 912                                  | 504                                 | 13,560                               |
| Membership Distribution                                  | 0.9%  | 0.3%  | 37.2%                                | 0.9%                                | 16.9%                                | 0.9%                                 | 0.5%                                | 14.1%                                |

\* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, a Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI Plan Level Rate Derivation - 1/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

| Plan   | BluePreferred PPO Silver 1000        | HealthyBlue PPO Gold 1500           | BluePreferred PPO Gold 1500          | BluePreferred PPO HSA/HRA Silver 1500 | HealthyBlue PPO HSA/HRA Silver 2000 | BluePreferred PPO HSA/HRA Silver 2000 |
|--|--------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| HIOS Product ID  | 78079DC022                           | 78079DC022                          | 78079DC022                           | 78079DC022                            | 78079DC022                          | 78079DC022                            |
| HIOS Plan ID   | 78079DC0220026                       | 78079DC0220027                      | 78079DC0220031                       | 78079DC0220022                        | 78079DC0220028                      | 78079DC0220023                        |
| Metal Level  | Silver                               | Gold                                | Gold                                 | Silver                                | Silver                              | Silver                                |
| Metallic AV  | 71.45%                               | 81.78%                              | 78.01%                               | 71.57%                                | 71.91%                              | 69.59%                                |
| On / Off Exchange  | On                                   | On                                  | On                                   | On                                    | On                                  | On                                    |
| Network Type   | Regional Preferred (RPN)             | Regional Preferred (RPN)            | Regional Preferred (RPN)             | Regional Preferred (RPN)              | Regional Preferred (RPN)            | Regional Preferred (RPN)              |
| High Level Benefit Description                           |                                      |                                     |                                      |                                       |                                     |                                       |
| Integrated Individual Deductible                         | N                                    | N                                   | N                                    | Y                                     | Y                                   | Y                                     |
| Individual OOP Max                                       | \$1,000 Med / \$100 Rx<br>\$6,850    | \$1,500 Med / \$0 Rx<br>\$5,500     | \$1,500 Med / \$250 Rx<br>\$3,000    | \$1,500 (Integrated)<br>\$6,550       | \$2,000 (Integrated)<br>\$6,550     | \$2,000 (Integrated)<br>\$6,000       |
| Member Copay/Coinsurance                                 | \$40 PCP/\$80 Spec/\$400 ER/\$500 IP | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP | \$25 PCP/\$50 Spec/\$250 ER/\$500 IP  | \$0 PCP/\$45 Spec/\$200 ER/\$500 IP | \$25 PCP/\$50 Spec/\$250 ER/\$500 IP  |
| Rx Copays:   |                                      |                                     |                                      |                                       |                                     |                                       |
| Retail Generic   | \$10                                 | \$0                                 | \$10                                 | \$10                                  | \$0                                 | \$10                                  |
| Retail Preferred Brand                                   | \$45                                 | \$45                                | \$45                                 | \$45                                  | \$45                                | \$45                                  |
| Retail NonPreferred Brand                                | \$65                                 | \$65                                | \$65                                 | \$65                                  | \$65                                | \$65                                  |
| Specialty  | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)                 | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                 |
| Embedded Pediatric Dental Benefit Deductible (Class 2-4) | \$25                                 | \$25                                | \$25                                 | \$25                                  | \$25                                | \$25                                  |
| Class 1  | 0%                                   | 0%                                  | 0%                                   | 0%                                    | 0%                                  | 0%                                    |
| Class 2  | 20%                                  | 20%                                 | 20%                                  | 20%                                   | 20%                                 | 20%                                   |
| Class 3  | 20%                                  | 20%                                 | 20%                                  | 20%                                   | 20%                                 | 20%                                   |
| Class 4  | 50%                                  | 50%                                 | 50%                                  | 50%                                   | 50%                                 | 50%                                   |
| Class 5  | 50%                                  | 50%                                 | 50%                                  | 50%                                   | 50%                                 | 50%                                   |
| Out of Pocket Max  | Embedded in Med & Rx                 | Embedded in Med & Rx                | Embedded in Med & Rx                 | Embedded in Med & Rx                  | Embedded in Med & Rx                | Embedded in Med & Rx                  |
| Index Rate (Projected EHB Allowed PMPM)                  | \$522.72                             | \$522.72                            | \$522.72                             | \$522.72                              | \$522.72                            | \$522.72                              |
| Market Level Adjustments:                                |                                      |                                     |                                      |                                       |                                     |                                       |
| Reinsurance  | 1.0043                               | 1.0043                              | 1.0043                               | 1.0043                                | 1.0043                              | 1.0043                                |
| Risk Adjustment  | 0.9206                               | 0.9206                              | 0.9206                               | 0.9206                                | 0.9206                              | 0.9206                                |
| Exchange User Fees                                       | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Market Adjusted Index Rate (PMPM)                        | \$483.28                             | \$483.28                            | \$483.28                             | \$483.28                              | \$483.28                            | \$483.28                              |
| Plan Level Adjustments                                   |                                      |                                     |                                      |                                       |                                     |                                       |
| Cost-Sharing Factor                                      | 0.7120                               | 0.8435                              | 0.8322                               | 0.6828                                | 0.6893                              | 0.6638                                |
| Network &UM  | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Non-EHB *  | 1.0057                               | 1.0057                              | 1.0057                               | 1.0057                                | 1.0057                              | 1.0057                                |
| Catastrophic Adj   | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Distribution and Admin Cost                              | 1.3324                               | 1.3324                              | 1.3324                               | 1.3324                                | 1.3324                              | 1.3324                                |
| Plan Adjusted Index Rate (PMPM)                          | \$461.08                             | \$546.26                            | \$538.93                             | \$442.20                              | \$446.40                            | \$429.91                              |
| Calibrations to Consumer Level Rating Factors            |                                      |                                     |                                      |                                       |                                     |                                       |
| Age Calibration  | 0.9497                               | 0.9497                              | 0.9497                               | 0.9497                                | 0.9497                              | 0.9497                                |
| Geo Calibration  | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Tobacco Calibration                                      | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Consumer Level Base Rate                                 | \$437.88                             | \$518.76                            | \$511.80                             | \$419.94                              | \$423.93                            | \$408.27                              |
| Pricing AV   | 95.4%                                | 113.0%                              | 111.5%                               | 91.5%                                 | 92.4%                               | 89.0%                                 |
| Estimated Plan DICR                                      | 74.7%                                | 74.7%                               | 74.7%                                | 74.7%                                 | 74.7%                               | 74.7%                                 |
| Projected Member Months                                  | 768                                  | 5,832                               | 7,884                                | 7,320                                 | 1,020                               | 4,416                                 |
| Membership Distribution                                  | 0.8%                                 | 6.1%                                | 8.2%                                 | 7.6%                                  | 1.1%                                | 4.6%                                  |

\* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, a Mult

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI Plan Level Rate Derivation - 4/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

| Plan   | BlueCross BlueShield Preferred 1000, a Multi-State Plan<br>78079DC017 | BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA)<br>78079DC017 | BluePreferred PPO Platinum 0<br>78079DC022 | HealthyBlue PPO Platinum 500<br>78079DC022 | BluePreferred PPO Platinum 500<br>78079DC022 | BluePreferred PPO Gold 500<br>78079DC022 | HealthyBlue PPO Platinum 1000<br>78079DC022 |
|--|---|---|--|--|--|--|---|
| HIOS Product ID  | 78079DC017  | 78079DC017  | 78079DC022                                 | 78079DC022                                 | 78079DC022                                   | 78079DC022                               | 78079DC022                                  |
| HIOS Plan ID   | 78079DC0170001  | 78079DC0170002  | 78079DC0220024                             | 78079DC0220030                             | 78079DC0220025                               | 78079DC0220021                           | 78079DC0220029                              |
| Metal Level  | Gold  | Silver  | Platinum                                   | Platinum                                   | Platinum                                     | Gold                                     | Platinum                                    |
| Metallic AV  | 81.60%  | 71.99%  | 91.09%                                     | 88.90%                                     | 88.43%                                       | 81.50%                                   | 88.04%                                      |
| On / Off Exchange  | On  | On  | On   | On   | On   | On                                       | On  |
| Network Type   | Regional Preferred (RPN)  | Regional Preferred (RPN)  | Regional Preferred (RPN)                   | Regional Preferred (RPN)                   | Regional Preferred (RPN)                     | Regional Preferred (RPN)                 | Regional Preferred (RPN)                    |
| High Level Benefit Description                           |   |   |  |  |  |  |   |
| Integrated Individual Deductible                         | Y   | Y   | N  | N  | N  | N  | N   |
| Individual OOP Max                                       | \$1,000 (Integrated)<br>\$3,500                                       | \$2,000 (Integrated)<br>\$4,750   | \$0 Med / \$0 Rx<br>\$1,500                | \$500 Med / \$0 Rx<br>\$1,500              | \$500 Med / \$0 Rx<br>\$1,500                | \$500 Med / \$250 Rx<br>\$4,000          | \$1,000 Med / \$0 Rx<br>\$1,500             |
| Member Copay/Coinsurance                                 | 10%   | 20%   | \$10 PCP/\$20 Spec/\$100 ER/\$200 IP       | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP        | \$10 PCP/\$20 Spec/\$100 ER/\$200 IP         | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP     | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP         |
| Rx Copays:   |   |   |  |  |  |  |   |
| Retail Generic   | \$10  | \$10  | \$10                                       | \$0  | \$10   | \$10                                     | \$0   |
| Retail Preferred Brand                                   | 20%   | 20%   | \$45                                       | \$45                                       | \$45   | \$45                                     | \$45  |
| Retail NonPreferred Brand                                | 40%   | 40%   | \$65                                       | \$65                                       | \$65   | \$65                                     | \$65  |
| Specialty  | 50% (\$150 Max Copay)   | 50% (\$150 Max Copay)   | 50% (\$150 Max Copay)                      | 50% (\$150 Max Copay)                      | 50% (\$150 Max Copay)                        | 50% (\$150 Max Copay)                    | 50% (\$150 Max Copay)                       |
| Embedded Pediatric Dental Benefit Deductible (Class 2-4) | \$25  | \$25  | \$25                                       | \$25                                       | \$25   | \$25                                     | \$25  |
| Class 1  | 0%  | 0%  | 0%   | 0%   | 0%   | 0%                                       | 0%  |
| Class 2  | 20%   | 20%   | 20%  | 20%  | 20%  | 20%                                      | 20%   |
| Class 3  | 20%   | 20%   | 20%  | 20%  | 20%  | 20%                                      | 20%   |
| Class 4  | 50%   | 50%   | 50%  | 50%  | 50%  | 50%                                      | 50%   |
| Class 5  | 50%   | 50%   | 50%  | 50%  | 50%  | 50%                                      | 50%   |
| Out of Pocket Max  | Embedded in Med & Rx  | Embedded in Med & Rx  | Embedded in Med & Rx                       | Embedded in Med & Rx                       | Embedded in Med & Rx                         | Embedded in Med & Rx                     | Embedded in Med & Rx                        |
| Index Rate (Projected EHB Allowed PMPM)                  | \$531.82  | \$531.82  | \$531.82                                   | \$531.82                                   | \$531.82                                     | \$531.82                                 | \$531.82                                    |
| Market Level Adjustments:                                |   |   |  |  |  |  |   |
| Reinsurance  | 1.0043  | 1.0043  | 1.0043                                     | 1.0043                                     | 1.0043                                       | 1.0043                                   | 1.0043                                      |
| Risk Adjustment  | 0.9205  | 0.9205  | 0.9205                                     | 0.9205                                     | 0.9205                                       | 0.9205                                   | 0.9205                                      |
| Exchange User Fees                                       | 1.0000  | 1.0000  | 1.0000                                     | 1.0000                                     | 1.0000                                       | 1.0000                                   | 1.0000                                      |
| Market Adjusted Index Rate (PMPM)                        | \$491.65  | \$491.65  | \$491.65                                   | \$491.65                                   | \$491.65                                     | \$491.65                                 | \$491.65                                    |
| Plan Level Adjustments                                   |   |   |  |  |  |  |   |
| Cost-Sharing Factor                                      | 0.8431  | 0.6849  | 1.0477                                     | 1.0385                                     | 1.0053                                       | 0.8582                                   | 1.0073                                      |
| Network &UM  | 1.0000  | 1.0000  | 1.0000                                     | 1.0000                                     | 1.0000                                       | 1.0000                                   | 1.0000                                      |
| Non-EHB *  | 1.0000  | 1.0000  | 1.0057                                     | 1.0057                                     | 1.0057                                       | 1.0057                                   | 1.0057                                      |
| Catastrophic Adj   | 1.0000  | 1.0000  | 1.0000                                     | 1.0000                                     | 1.0000                                       | 1.0000                                   | 1.0000                                      |
| Distribution and Admin Cost                              | 1.3292  | 1.3292  | 1.3292                                     | 1.3292                                     | 1.3292                                       | 1.3292                                   | 1.3292                                      |
| Plan Adjusted Index Rate (PMPM)                          | \$550.98  | \$447.60  | \$688.58                                   | \$682.50                                   | \$660.68                                     | \$564.02                                 | \$662.03                                    |
| Calibrations to Consumer Level Rating Factors            |   |   |  |  |  |  |   |
| Age Calibration  | 0.9497  | 0.9497  | 0.9497                                     | 0.9497                                     | 0.9497                                       | 0.9497                                   | 0.9497                                      |
| Geo Calibration  | 1.0000  | 1.0000  | 1.0000                                     | 1.0000                                     | 1.0000                                       | 1.0000                                   | 1.0000                                      |
| Tobacco Calibration                                      | 1.0000  | 1.0000  | 1.0000                                     | 1.0000                                     | 1.0000                                       | 1.0000                                   | 1.0000                                      |
| Consumer Level Base Rate                                 | \$523.25  | \$425.07  | \$653.92                                   | \$648.14                                   | \$627.43                                     | \$535.63                                 | \$628.71                                    |
| Pricing AV   | 112.1%  | 91.0%   | 140.1%                                     | 138.8%                                     | 134.4%                                       | 114.7%                                   | 134.7%                                      |
| Estimated Plan DICR                                      | 74.9%   | 74.9%   | 74.9%                                      | 74.9%                                      | 74.9%  | 74.9%                                    | 74.9%                                       |
| Projected Member Months                                  | 336   | 96  | 14,628                                     | 360  | 6,648  | 360                                      | 204   |
| Membership Distribution                                  | 0.9%  | 0.2%  | 37.2%                                      | 0.9%                                       | 16.9%  | 0.9%                                     | 0.5%  |

\* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, a Multi-State Plan.



CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI Plan Level Rate Derivation - 4/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

| Plan  | BluePreferred PPO Gold 1000          | BluePreferred PPO Silver 1000        | HealthyBlue PPO Gold 1500           | BluePreferred PPO Gold 1500          | BluePreferred PPO HSA/HRA Silver 1500 | HealthyBlue PPO HSA/HRA Silver 2000 | BluePreferred PPO HSA/HRA Silver 2000 |
|---|--------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| HIOS Product ID                               | 78079DC022                           | 78079DC022                           | 78079DC022                          | 78079DC022                           | 78079DC022                            | 78079DC022                          | 78079DC022                            |
| HIOS Plan ID                                  | 78079DC0220020                       | 78079DC0220026                       | 78079DC0220027                      | 78079DC0220031                       | 78079DC0220022                        | 78079DC0220028                      | 78079DC0220023                        |
| Metal Level                                   | Gold                                 | Silver                               | Gold                                | Gold                                 | Silver                                | Silver                              | Silver                                |
| Metallic AV                                   | 79.07%                               | 71.45%                               | 81.78%                              | 78.01%                               | 71.57%                                | 71.91%                              | 69.59%                                |
| On / Off Exchange                             | On                                   | On                                   | On                                  | On                                   | On                                    | On                                  | On                                    |
| Network Type                                  | Regional Preferred (RPN)             | Regional Preferred (RPN)             | Regional Preferred (RPN)            | Regional Preferred (RPN)             | Regional Preferred (RPN)              | Regional Preferred (RPN)            | Regional Preferred (RPN)              |
| High Level Benefit Description                |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Integrated Individual Deductible              | N                                    | N                                    | N                                   | N                                    | Y                                     | Y                                   | Y                                     |
| Individual OOP Max                            | \$1,000 Med / \$250 Rx \$4,000       | \$1,000 Med / \$100 Rx \$6,850       | \$1,500 Med / \$0 Rx \$5,500        | \$1,500 Med / \$250 Rx \$3,000       | \$1,500 (Integrated) \$6,550          | \$2,000 (Integrated) \$6,550        | \$2,000 (Integrated) \$6,000          |
| Member Copay/Coinsurance                      | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP | \$40 PCP/\$80 Spec/\$400 ER/\$500 IP | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP | \$25 PCP/\$50 Spec/\$250 ER/\$500 IP  | \$0 PCP/\$45 Spec/\$200 ER/\$500 IP | \$25 PCP/\$50 Spec/\$250 ER/\$500 IP  |
| Rx Copays:                                    |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Retail Generic                                | \$10                                 | \$10                                 | \$0                                 | \$10                                 | \$10                                  | \$0                                 | \$10                                  |
| Retail Preferred Brand                        | \$45                                 | \$45                                 | \$45                                | \$45                                 | \$45                                  | \$45                                | \$45                                  |
| Retail NonPreferred Brand                     | \$65                                 | \$65                                 | \$65                                | \$65                                 | \$65                                  | \$65                                | \$65                                  |
| Specialty                                     | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)                 | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                 |
| Embedded Pediatric Dental Benefit             |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Deductible (Class 2-4)                        | \$25                                 | \$25                                 | \$25                                | \$25                                 | \$25                                  | \$25                                | \$25                                  |
| Class 1                                       | 0%                                   | 0%                                   | 0%                                  | 0%                                   | 0%                                    | 0%                                  | 0%                                    |
| Class 2                                       | 20%                                  | 20%                                  | 20%                                 | 20%                                  | 20%                                   | 20%                                 | 20%                                   |
| Class 3                                       | 20%                                  | 20%                                  | 20%                                 | 20%                                  | 20%                                   | 20%                                 | 20%                                   |
| Class 4                                       | 50%                                  | 50%                                  | 50%                                 | 50%                                  | 50%                                   | 50%                                 | 50%                                   |
| Class 5                                       | 50%                                  | 50%                                  | 50%                                 | 50%                                  | 50%                                   | 50%                                 | 50%                                   |
| Out of Pocket Max                             | Embedded in Med & Rx                 | Embedded in Med & Rx                 | Embedded in Med & Rx                | Embedded in Med & Rx                 | Embedded in Med & Rx                  | Embedded in Med & Rx                | Embedded in Med & Rx                  |
| Index Rate (Projected EHB Allowed PMPM)       | \$531.82                             | \$531.82                             | \$531.82                            | \$531.82                             | \$531.82                              | \$531.82                            | \$531.82                              |
| Market Level Adjustments:                     |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Reinsurance                                   | 1.0043                               | 1.0043                               | 1.0043                              | 1.0043                               | 1.0043                                | 1.0043                              | 1.0043                                |
| Risk Adjustment                               | 0.9205                               | 0.9205                               | 0.9205                              | 0.9205                               | 0.9205                                | 0.9205                              | 0.9205                                |
| Exchange User Fees                            | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Market Adjusted Index Rate (PMPM)             | \$491.65                             | \$491.65                             | \$491.65                            | \$491.65                             | \$491.65                              | \$491.65                            | \$491.65                              |
| Plan Level Adjustments                        |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Cost-Sharing Factor                           | 0.8361                               | 0.7120                               | 0.8435                              | 0.8322                               | 0.6828                                | 0.6893                              | 0.6638                                |
| Network &UM                                   | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Non-EHB *                                     | 1.0057                               | 1.0057                               | 1.0057                              | 1.0057                               | 1.0057                                | 1.0057                              | 1.0057                                |
| Catastrophic Adj                              | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Distribution and Admin Cost                   | 1.3292                               | 1.3292                               | 1.3292                              | 1.3292                               | 1.3292                                | 1.3292                              | 1.3292                                |
| Plan Adjusted Index Rate (PMPM)               | \$549.48                             | \$467.93                             | \$554.36                            | \$546.92                             | \$448.76                              | \$453.03                            | \$436.29                              |
| Calibrations to Consumer Level Rating Factors |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Age Calibration                               | 0.9497                               | 0.9497                               | 0.9497                              | 0.9497                               | 0.9497                                | 0.9497                              | 0.9497                                |
| Geo Calibration                               | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Tobacco Calibration                           | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Consumer Level Base Rate                      | \$521.83                             | \$444.37                             | \$526.46                            | \$519.39                             | \$426.17                              | \$430.22                            | \$414.33                              |
| Pricing AV                                    | 111.8%                               | 95.2%                                | 112.8%                              | 111.2%                               | 91.3%                                 | 92.1%                               | 88.7%                                 |
| Estimated Plan DICR                           | 74.9%                                | 74.9%                                | 74.9%                               | 74.9%                                | 74.9%                                 | 74.9%                               | 74.9%                                 |
| Projected Member Months                       | 5,532                                | 324                                  | 2,388                               | 3,228                                | 2,988                                 | 420                                 | 1,812                                 |
| Membership Distribution                       | 14.1%                                | 0.8%                                 | 6.1%                                | 8.2%                                 | 7.6%                                  | 1.1%                                | 4.6%                                  |

\* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, a Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI Plan Level Rate Derivation - 7/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

| Plan  | BlueCross BlueShield Preferred 1000, a Multi-State Plan<br>78079DC017<br>78079DC0170001<br>Gold<br>81.60%<br>On | BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA)<br>78079DC017<br>78079DC0170002<br>Silver<br>71.99%<br>On | BluePreferred PPO Platinum 0<br>78079DC022<br>78079DC0220024<br>Platinum<br>91.09%<br>On | HealthyBlue PPO Platinum 500<br>78079DC022<br>78079DC0220030<br>Platinum<br>88.90%<br>On | BluePreferred PPO Platinum 500<br>78079DC022<br>78079DC0220025<br>Platinum<br>88.43%<br>On | BluePreferred PPO Gold 500<br>78079DC022<br>78079DC0220021<br>Gold<br>81.50%<br>On | HealthyBlue PPO Platinum 1000<br>78079DC022<br>78079DC0220029<br>Platinum<br>88.04%<br>On |
|---|---|---|--|--|--|--|---|
| HIOS Product ID                               | 78079DC017  | 78079DC017  | 78079DC022   | 78079DC022   | 78079DC022   | 78079DC022   | 78079DC022  |
| HIOS Plan ID                                  | 78079DC0170001  | 78079DC0170002  | 78079DC0220024   | 78079DC0220030   | 78079DC0220025   | 78079DC0220021   | 78079DC0220029  |
| Metal Level                                   | Gold  | Silver  | Platinum   | Platinum   | Platinum   | Gold   | Platinum  |
| Metallic AV                                   | 81.60%  | 71.99%  | 91.09%   | 88.90%   | 88.43%   | 81.50%   | 88.04%  |
| On / Off Exchange                             | On  | On  | On   | On   | On   | On   | On  |
| Network Type                                  | Regional Preferred (RPN)  | Regional Preferred (RPN)  | Regional Preferred (RPN)   | Regional Preferred (RPN)   | Regional Preferred (RPN)   | Regional Preferred (RPN)   | Regional Preferred (RPN)  |
| High Level Benefit Description                |   |   |  |  |  |  |   |
| Integrated Individual Deductible              | Y   | Y   | N  | N  | N  | N  | N   |
| Individual OOP Max                            | \$1,000 (Integrated)<br>\$3,500   | \$2,000 (Integrated)<br>\$4,750   | \$0 Med / \$0 Rx<br>\$1,500  | \$500 Med / \$0 Rx<br>\$1,500  | \$500 Med / \$0 Rx<br>\$1,500  | \$500 Med / \$250 Rx<br>\$4,000  | \$1,000 Med / \$0 Rx<br>\$1,500   |
| Member Copay/Coinsurance                      | 10%   | 20%   | \$10 PCP/\$20 Spec/\$100 ER/\$200 IP   | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP  | \$10 PCP/\$20 Spec/\$100 ER/\$200 IP   | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP   | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP   |
| Rx Copays:                                    |   |   |  |  |  |  |   |
| Retail Generic                                | \$10  | \$10  | \$10   | \$0  | \$10   | \$10   | \$0   |
| Retail Preferred Brand                        | 20%   | 20%   | \$45   | \$45   | \$45   | \$45   | \$45  |
| Retail NonPreferred Brand                     | 40%   | 40%   | \$65   | \$65   | \$65   | \$65   | \$65  |
| Specialty                                     | 50% (\$150 Max Copay)   | 50% (\$150 Max Copay)   | 50% (\$150 Max Copay)  | 50% (\$150 Max Copay)  | 50% (\$150 Max Copay)  | 50% (\$150 Max Copay)  | 50% (\$150 Max Copay)   |
| Embedded Pediatric Dental Benefit             |   |   |  |  |  |  |   |
| Deductible (Class 2-4)                        | \$25  | \$25  | \$25   | \$25   | \$25   | \$25   | \$25  |
| Class 1                                       | 0%  | 0%  | 0%   | 0%   | 0%   | 0%   | 0%  |
| Class 2                                       | 20%   | 20%   | 20%  | 20%  | 20%  | 20%  | 20%   |
| Class 3                                       | 20%   | 20%   | 20%  | 20%  | 20%  | 20%  | 20%   |
| Class 4                                       | 50%   | 50%   | 50%  | 50%  | 50%  | 50%  | 50%   |
| Class 5                                       | 50%   | 50%   | 50%  | 50%  | 50%  | 50%  | 50%   |
| Out of Pocket Max                             | Embedded in Med & Rx  | Embedded in Med & Rx  | Embedded in Med & Rx   | Embedded in Med & Rx   | Embedded in Med & Rx   | Embedded in Med & Rx   | Embedded in Med & Rx  |
| Index Rate (Projected EHB Allowed PMPM)       | \$541.09  | \$541.09  | \$541.09   | \$541.09   | \$541.09   | \$541.09   | \$541.09  |
| Market Level Adjustments:                     |   |   |  |  |  |  |   |
| Reinsurance                                   | 1.0042  | 1.0042  | 1.0042   | 1.0042   | 1.0042   | 1.0042   | 1.0042  |
| Risk Adjustment                               | 0.9205  | 0.9205  | 0.9205   | 0.9205   | 0.9205   | 0.9205   | 0.9205  |
| Exchange User Fees                            | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Market Adjusted Index Rate (PMPM)             | \$500.18  | \$500.18  | \$500.18   | \$500.18   | \$500.18   | \$500.18   | \$500.18  |
| Plan Level Adjustments                        |   |   |  |  |  |  |   |
| Cost-Sharing Factor                           | 0.8431  | 0.6849  | 1.0477   | 1.0385   | 1.0053   | 0.8582   | 1.0073  |
| Network &UM                                   | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Non-EHB *                                     | 1.0000  | 1.0000  | 1.0057   | 1.0057   | 1.0057   | 1.0057   | 1.0057  |
| Catastrophic Adj                              | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Distribution and Admin Cost                   | 1.3259  | 1.3259  | 1.3259   | 1.3259   | 1.3259   | 1.3259   | 1.3259  |
| Plan Adjusted Index Rate (PMPM)               | \$559.16  | \$454.25  | \$698.81   | \$692.64   | \$670.50   | \$572.40   | \$671.87  |
| Calibrations to Consumer Level Rating Factors |   |   |  |  |  |  |   |
| Age Calibration                               | 0.9497  | 0.9497  | 0.9497   | 0.9497   | 0.9497   | 0.9497   | 0.9497  |
| Geo Calibration                               | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Tobacco Calibration                           | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Consumer Level Base Rate                      | \$531.02  | \$431.39  | \$663.63   | \$657.77   | \$636.75   | \$543.59   | \$638.05  |
| Pricing AV                                    | 111.8%  | 90.8%   | 139.7%   | 138.5%   | 134.1%   | 114.4%   | 134.3%  |
| Estimated Plan DICR                           | 75.1%   | 75.1%   | 75.1%  | 75.1%  | 75.1%  | 75.1%  | 75.1%   |
| Projected Member Months                       | 780   | 228   | 33,348   | 840  | 15,168   | 852  | 468   |
| Membership Distribution                       | 0.9%  | 0.3%  | 37.2%  | 0.9%   | 16.9%  | 0.9%   | 0.5%  |

\* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, a Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI Plan Level Rate Derivation - 7/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

| Plan  |  | BluePreferred PPO Gold 1000          | BluePreferred PPO Silver 1000        | HealthyBlue PPO Gold 1500           | BluePreferred PPO Gold 1500          | BluePreferred PPO HSA/HRA Silver 1500 | HealthyBlue PPO HSA/HRA Silver 2000 | BluePreferred PPO HSA/HRA Silver 2000 |
|---|--|--------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| HIOS Product ID                               |  | 78079DC022                           | 78079DC022                           | 78079DC022                          | 78079DC022                           | 78079DC022                            | 78079DC022                          | 78079DC022                            |
| HIOS Plan ID                                  |  | 78079DC0220020                       | 78079DC0220026                       | 78079DC0220027                      | 78079DC0220031                       | 78079DC0220022                        | 78079DC0220028                      | 78079DC0220023                        |
| Metal Level                                   |  | Gold                                 | Silver                               | Gold                                | Gold                                 | Silver                                | Silver                              | Silver                                |
| Metallic AV                                   |  | 79.07%                               | 71.45%                               | 81.78%                              | 78.01%                               | 71.57%                                | 71.91%                              | 69.59%                                |
| On / Off Exchange                             |  | On                                   | On                                   | On                                  | On                                   | On                                    | On                                  | On                                    |
| Network Type                                  |  | Regional Preferred (RPN)             | Regional Preferred (RPN)             | Regional Preferred (RPN)            | Regional Preferred (RPN)             | Regional Preferred (RPN)              | Regional Preferred (RPN)            | Regional Preferred (RPN)              |
| High Level Benefit Description                |  |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
|   | Integrated Individual Deductible                         | N<br>\$1,000 Med / \$250 Rx          | N<br>\$1,000 Med / \$100 Rx          | N<br>\$1,500 Med / \$0 Rx           | N<br>\$1,500 Med / \$250 Rx          | Y<br>\$1,500 (Integrated)             | Y<br>\$2,000 (Integrated)           | Y<br>\$2,000 (Integrated)             |
|   | Individual OOP Max                                       | \$4,000                              | \$6,850                              | \$5,500                             | \$3,000                              | \$6,550                               | \$6,550                             | \$6,000                               |
|   | Member Copay/Coinsurance                                 | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP | \$40 PCP/\$80 Spec/\$400 ER/\$500 IP | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP | \$25 PCP/\$50 Spec/\$250 ER/\$500 IP  | \$0 PCP/\$45 Spec/\$200 ER/\$500 IP | \$25 PCP/\$50 Spec/\$250 ER/\$500 IP  |
|   | Rx Copays:   |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
|   | Retail Generic   | \$10                                 | \$10                                 | \$0                                 | \$10                                 | \$10                                  | \$0                                 | \$10                                  |
|   | Retail Preferred Brand                                   | \$45                                 | \$45                                 | \$45                                | \$45                                 | \$45                                  | \$45                                | \$45                                  |
|   | Retail NonPreferred Brand                                | \$65                                 | \$65                                 | \$65                                | \$65                                 | \$65                                  | \$65                                | \$65                                  |
|   | Specialty  | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)                 | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                 |
|   | Embedded Pediatric Dental Benefit Deductible (Class 2-4) | \$25                                 | \$25                                 | \$25                                | \$25                                 | \$25                                  | \$25                                | \$25                                  |
|   | Class 1  | 0%                                   | 0%                                   | 0%                                  | 0%                                   | 0%                                    | 0%                                  | 0%                                    |
|   | Class 2  | 20%                                  | 20%                                  | 20%                                 | 20%                                  | 20%                                   | 20%                                 | 20%                                   |
|   | Class 3  | 20%                                  | 20%                                  | 20%                                 | 20%                                  | 20%                                   | 20%                                 | 20%                                   |
|   | Class 4  | 50%                                  | 50%                                  | 50%                                 | 50%                                  | 50%                                   | 50%                                 | 50%                                   |
|   | Class 5  | 50%                                  | 50%                                  | 50%                                 | 50%                                  | 50%                                   | 50%                                 | 50%                                   |
|   | Out of Pocket Max  | Embedded in Med & Rx                 | Embedded in Med & Rx                 | Embedded in Med & Rx                | Embedded in Med & Rx                 | Embedded in Med & Rx                  | Embedded in Med & Rx                | Embedded in Med & Rx                  |
| Index Rate (Projected EHB Allowed PMPM)       |  | \$541.09                             | \$541.09                             | \$541.09                            | \$541.09                             | \$541.09                              | \$541.09                            | \$541.09                              |
| Market Level Adjustments:                     |  |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
|   | Reinsurance  | 1.0042                               | 1.0042                               | 1.0042                              | 1.0042                               | 1.0042                                | 1.0042                              | 1.0042                                |
|   | Risk Adjustment  | 0.9205                               | 0.9205                               | 0.9205                              | 0.9205                               | 0.9205                                | 0.9205                              | 0.9205                                |
|   | Exchange User Fees                                       | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Market Adjusted Index Rate (PMPM)             |  | \$500.18                             | \$500.18                             | \$500.18                            | \$500.18                             | \$500.18                              | \$500.18                            | \$500.18                              |
| Plan Level Adjustments                        |  |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
|   | Cost-Sharing Factor                                      | 0.8361                               | 0.7120                               | 0.8435                              | 0.8322                               | 0.6828                                | 0.6893                              | 0.6638                                |
|   | Network &UM  | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
|   | Non-EHB *  | 1.0057                               | 1.0057                               | 1.0057                              | 1.0057                               | 1.0057                                | 1.0057                              | 1.0057                                |
|   | Catastrophic Adj   | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
|   | Distribution and Admin Cost                              | 1.3259                               | 1.3259                               | 1.3259                              | 1.3259                               | 1.3259                                | 1.3259                              | 1.3259                                |
| Plan Adjusted Index Rate (PMPM)               |  | \$557.65                             | \$474.88                             | \$562.60                            | \$555.05                             | \$455.43                              | \$459.76                            | \$442.77                              |
| Calibrations to Consumer Level Rating Factors |  |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
|   | Age Calibration  | 0.9497                               | 0.9497                               | 0.9497                              | 0.9497                               | 0.9497                                | 0.9497                              | 0.9497                                |
|   | Geo Calibration  | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
|   | Tobacco Calibration                                      | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Consumer Level Base Rate                      |  | \$529.58                             | \$450.98                             | \$534.28                            | \$527.11                             | \$432.51                              | \$436.62                            | \$420.49                              |
| Pricing AV                                    |  | 111.5%                               | 94.9%                                | 112.5%                              | 111.0%                               | 91.1%                                 | 91.9%                               | 88.5%                                 |
| Estimated Plan DICR                           |  | 75.1%                                | 75.1%                                | 75.1%                               | 75.1%                                | 75.1%                                 | 75.1%                               | 75.1%                                 |
| Projected Member Months                       |  | 12,636                               | 720                                  | 5,436                               | 7,344                                | 6,816                                 | 948                                 | 4,116                                 |
| Membership Distribution                       |  | 14.1%                                | 0.8%                                 | 6.1%                                | 8.2%                                 | 7.6%                                  | 1.1%                                | 4.6%                                  |

\* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, a Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI Plan Level Rate Derivation - 10/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

| Plan   | BlueCross BlueShield Preferred 1000, a Multi-State Plan<br>78079DC017<br>78079DC0170001<br>Gold<br>81.60%<br>On | BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA)<br>78079DC017<br>78079DC0170002<br>Silver<br>71.99%<br>On | BluePreferred PPO Platinum 0<br>78079DC022<br>78079DC0220024<br>Platinum<br>91.09%<br>On | HealthyBlue PPO Platinum 500<br>78079DC022<br>78079DC0220030<br>Platinum<br>88.90%<br>On | BluePreferred PPO Platinum 500<br>78079DC022<br>78079DC0220025<br>Platinum<br>88.43%<br>On | BluePreferred PPO Gold 500<br>78079DC022<br>78079DC0220021<br>Gold<br>81.50%<br>On | HealthyBlue PPO Platinum 1000<br>78079DC022<br>78079DC0220029<br>Platinum<br>88.04%<br>On |
|--|---|---|--|--|--|--|---|
| HIOS Product ID  |   |   |  |  |  |  |   |
| HIOS Plan ID   |   |   |  |  |  |  |   |
| Metal Level  |   |   |  |  |  |  |   |
| Metallic AV  |   |   |  |  |  |  |   |
| On / Off Exchange  |   |   |  |  |  |  |   |
| Network Type   | Regional Preferred (RPN)  | Regional Preferred (RPN)  | Regional Preferred (RPN)   | Regional Preferred (RPN)   | Regional Preferred (RPN)   | Regional Preferred (RPN)   | Regional Preferred (RPN)  |
| High Level Benefit Description                           |   |   |  |  |  |  |   |
| Integrated Individual Deductible                         | Y   | Y   | N  | N  | N  | N  | N   |
| Individual OOP Max                                       | \$1,000 (Integrated)<br>\$3,500   | \$2,000 (Integrated)<br>\$4,750   | \$0 Med / \$0 Rx<br>\$1,500  | \$500 Med / \$0 Rx<br>\$1,500  | \$500 Med / \$0 Rx<br>\$1,500  | \$500 Med / \$250 Rx<br>\$4,000  | \$1,000 Med / \$0 Rx<br>\$1,500   |
| Member Copay/Coinsurance                                 | 10%   | 20%   | \$10 PCP/\$20 Spec/\$100 ER/\$200 IP   | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP  | \$10 PCP/\$20 Spec/\$100 ER/\$200 IP   | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP   | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP   |
| Rx Copays:   |   |   |  |  |  |  |   |
| Retail Generic   | \$10  | \$10  | \$10   | \$0  | \$10   | \$10   | \$0   |
| Retail Preferred Brand                                   | 20%   | 20%   | \$45   | \$45   | \$45   | \$45   | \$45  |
| Retail NonPreferred Brand                                | 40%   | 40%   | \$65   | \$65   | \$65   | \$65   | \$65  |
| Specialty  | 50% (\$150 Max Copay)   | 50% (\$150 Max Copay)   | 50% (\$150 Max Copay)  | 50% (\$150 Max Copay)  | 50% (\$150 Max Copay)  | 50% (\$150 Max Copay)  | 50% (\$150 Max Copay)   |
| Embedded Pediatric Dental Benefit Deductible (Class 2-4) | \$25  | \$25  | \$25   | \$25   | \$25   | \$25   | \$25  |
| Class 1  | 0%  | 0%  | 0%   | 0%   | 0%   | 0%   | 0%  |
| Class 2  | 20%   | 20%   | 20%  | 20%  | 20%  | 20%  | 20%   |
| Class 3  | 20%   | 20%   | 20%  | 20%  | 20%  | 20%  | 20%   |
| Class 4  | 50%   | 50%   | 50%  | 50%  | 50%  | 50%  | 50%   |
| Class 5  | 50%   | 50%   | 50%  | 50%  | 50%  | 50%  | 50%   |
| Out of Pocket Max  | Embedded in Med & Rx  | Embedded in Med & Rx  | Embedded in Med & Rx   | Embedded in Med & Rx   | Embedded in Med & Rx   | Embedded in Med & Rx   | Embedded in Med & Rx  |
| Index Rate (Projected EHB Allowed PMPM)                  | \$550.56  | \$550.56  | \$550.56   | \$550.56   | \$550.56   | \$550.56   | \$550.56  |
| Market Level Adjustments:                                |   |   |  |  |  |  |   |
| Reinsurance  | 1.0041  | 1.0041  | 1.0041   | 1.0041   | 1.0041   | 1.0041   | 1.0041  |
| Risk Adjustment  | 0.9205  | 0.9205  | 0.9205   | 0.9205   | 0.9205   | 0.9205   | 0.9205  |
| Exchange User Fees                                       | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Market Adjusted Index Rate (PMPM)                        | \$508.89  | \$508.89  | \$508.89   | \$508.89   | \$508.89   | \$508.89   | \$508.89  |
| Plan Level Adjustments                                   |   |   |  |  |  |  |   |
| Cost-Sharing Factor                                      | 0.8431  | 0.6849  | 1.0477   | 1.0385   | 1.0053   | 0.8582   | 1.0073  |
| Network &UM  | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Non-EHB *  | 1.0000  | 1.0000  | 1.0057   | 1.0057   | 1.0057   | 1.0057   | 1.0057  |
| Catastrophic Adj   | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Distribution and Admin Cost                              | 1.3228  | 1.3228  | 1.3228   | 1.3228   | 1.3228   | 1.3228   | 1.3228  |
| Plan Adjusted Index Rate (PMPM)                          | \$567.55  | \$461.06  | \$709.28   | \$703.02   | \$680.55   | \$580.98   | \$681.94  |
| Calibrations to Consumer Level Rating Factors            |   |   |  |  |  |  |   |
| Age Calibration  | 0.9497  | 0.9497  | 0.9497   | 0.9497   | 0.9497   | 0.9497   | 0.9497  |
| Geo Calibration  | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Tobacco Calibration                                      | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Consumer Level Base Rate                                 | \$538.98  | \$437.85  | \$673.58   | \$667.63   | \$646.29   | \$551.73   | \$647.62  |
| Pricing AV   | 111.5%  | 90.6%   | 139.4%   | 138.1%   | 133.7%   | 114.2%   | 134.0%  |
| Estimated Plan DICR                                      | 75.3%   | 75.3%   | 75.3%  | 75.3%  | 75.3%  | 75.3%  | 75.3%   |
| Projected Member Months                                  | 2,124   | 624   | 90,468   | 2,268  | 41,148   | 2,292  | 1,272   |
| Membership Distribution                                  | 0.9%  | 0.3%  | 37.2%  | 0.9%   | 16.9%  | 0.9%   | 0.5%  |

\* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, a Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI Plan Level Rate Derivation - 10/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

| Plan  | BluePreferred PPO Gold 1000          | BluePreferred PPO Silver 1000        | HealthyBlue PPO Gold 1500           | BluePreferred PPO Gold 1500          | BluePreferred PPO HSA/HRA Silver 1500 | HealthyBlue PPO HSA/HRA Silver 2000 | BluePreferred PPO HSA/HRA Silver 2000 |
|---|--------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| HIOS Product ID                               | 78079DC022                           | 78079DC022                           | 78079DC022                          | 78079DC022                           | 78079DC022                            | 78079DC022                          | 78079DC022                            |
| HIOS Plan ID                                  | 78079DC0220020                       | 78079DC0220026                       | 78079DC0220027                      | 78079DC0220031                       | 78079DC0220022                        | 78079DC0220028                      | 78079DC0220023                        |
| Metal Level                                   | Gold                                 | Silver                               | Gold                                | Gold                                 | Silver                                | Silver                              | Silver                                |
| Metallic AV                                   | 79.07%                               | 71.45%                               | 81.78%                              | 78.01%                               | 71.57%                                | 71.91%                              | 69.59%                                |
| On / Off Exchange                             | On                                   | On                                   | On                                  | On                                   | On                                    | On                                  | On                                    |
| Network Type                                  | Regional Preferred (RPN)             | Regional Preferred (RPN)             | Regional Preferred (RPN)            | Regional Preferred (RPN)             | Regional Preferred (RPN)              | Regional Preferred (RPN)            | Regional Preferred (RPN)              |
| High Level Benefit Description                |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Integrated Individual Deductible              | N                                    | N                                    | N                                   | N                                    | Y                                     | Y                                   | Y                                     |
| Individual OOP Max                            | \$1,000 Med / \$250 Rx \$4,000       | \$1,000 Med / \$100 Rx \$6,850       | \$1,500 Med / \$0 Rx \$5,500        | \$1,500 Med / \$250 Rx \$3,000       | \$1,500 (Integrated) \$6,550          | \$2,000 (Integrated) \$6,550        | \$2,000 (Integrated) \$6,000          |
| Member Copay/Coinsurance                      | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP | \$40 PCP/\$80 Spec/\$400 ER/\$500 IP | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP | \$25 PCP/\$50 Spec/\$250 ER/\$500 IP  | \$0 PCP/\$45 Spec/\$200 ER/\$500 IP | \$25 PCP/\$50 Spec/\$250 ER/\$500 IP  |
| Rx Copays:                                    |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Retail Generic                                | \$10                                 | \$10                                 | \$0                                 | \$10                                 | \$10                                  | \$0                                 | \$10                                  |
| Retail Preferred Brand                        | \$45                                 | \$45                                 | \$45                                | \$45                                 | \$45                                  | \$45                                | \$45                                  |
| Retail NonPreferred Brand                     | \$65                                 | \$65                                 | \$65                                | \$65                                 | \$65                                  | \$65                                | \$65                                  |
| Specialty                                     | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)                 | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                 |
| Embedded Pediatric Dental Benefit             |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Deductible (Class 2-4)                        | \$25                                 | \$25                                 | \$25                                | \$25                                 | \$25                                  | \$25                                | \$25                                  |
| Class 1                                       | 0%                                   | 0%                                   | 0%                                  | 0%                                   | 0%                                    | 0%                                  | 0%                                    |
| Class 2                                       | 20%                                  | 20%                                  | 20%                                 | 20%                                  | 20%                                   | 20%                                 | 20%                                   |
| Class 3                                       | 20%                                  | 20%                                  | 20%                                 | 20%                                  | 20%                                   | 20%                                 | 20%                                   |
| Class 4                                       | 50%                                  | 50%                                  | 50%                                 | 50%                                  | 50%                                   | 50%                                 | 50%                                   |
| Class 5                                       | 50%                                  | 50%                                  | 50%                                 | 50%                                  | 50%                                   | 50%                                 | 50%                                   |
| Out of Pocket Max                             | Embedded in Med & Rx                 | Embedded in Med & Rx                 | Embedded in Med & Rx                | Embedded in Med & Rx                 | Embedded in Med & Rx                  | Embedded in Med & Rx                | Embedded in Med & Rx                  |
| Index Rate (Projected EHB Allowed PMPM)       | \$550.56                             | \$550.56                             | \$550.56                            | \$550.56                             | \$550.56                              | \$550.56                            | \$550.56                              |
| Market Level Adjustments:                     |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Reinsurance                                   | 1.0041                               | 1.0041                               | 1.0041                              | 1.0041                               | 1.0041                                | 1.0041                              | 1.0041                                |
| Risk Adjustment                               | 0.9205                               | 0.9205                               | 0.9205                              | 0.9205                               | 0.9205                                | 0.9205                              | 0.9205                                |
| Exchange User Fees                            | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Market Adjusted Index Rate (PMPM)             | \$508.89                             | \$508.89                             | \$508.89                            | \$508.89                             | \$508.89                              | \$508.89                            | \$508.89                              |
| Plan Level Adjustments                        |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Cost-Sharing Factor                           | 0.8361                               | 0.7120                               | 0.8435                              | 0.8322                               | 0.6828                                | 0.6893                              | 0.6638                                |
| Network &UM                                   | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Non-EHB *                                     | 1.0057                               | 1.0057                               | 1.0057                              | 1.0057                               | 1.0057                                | 1.0057                              | 1.0057                                |
| Catastrophic Adj                              | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Distribution and Admin Cost                   | 1.3228                               | 1.3228                               | 1.3228                              | 1.3228                               | 1.3228                                | 1.3228                              | 1.3228                                |
| Plan Adjusted Index Rate (PMPM)               | \$566.01                             | \$482.00                             | \$571.03                            | \$563.37                             | \$462.26                              | \$466.65                            | \$449.41                              |
| Calibrations to Consumer Level Rating Factors |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Age Calibration                               | 0.9497                               | 0.9497                               | 0.9497                              | 0.9497                               | 0.9497                                | 0.9497                              | 0.9497                                |
| Geo Calibration                               | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Tobacco Calibration                           | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Consumer Level Base Rate                      | \$537.52                             | \$457.74                             | \$542.29                            | \$535.01                             | \$438.99                              | \$443.16                            | \$426.79                              |
| Pricing AV                                    | 111.2%                               | 94.7%                                | 112.2%                              | 110.7%                               | 90.8%                                 | 91.7%                               | 88.3%                                 |
| Estimated Plan DICR                           | 75.3%                                | 75.3%                                | 75.3%                               | 75.3%                                | 75.3%                                 | 75.3%                               | 75.3%                                 |
| Projected Member Months                       | 34,284                               | 1,956                                | 14,748                              | 19,944                               | 18,504                                | 2,580                               | 11,184                                |
| Membership Distribution                       | 14.1%                                | 0.8%                                 | 6.1%                                | 8.2%                                 | 7.6%                                  | 1.1%                                | 4.6%                                  |

\* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, a Multi-State Plan.

**CareFirst BlueCross BlueShield (GHMSI)**  
**(NAIC # 53007)**  
**D.C. Small Group Products - On Exchange**  
**Rates Effective 01/01/2016**  
**Single Risk Pool Desired Incurred Claims Ratio (DICR)**

|  | Medical   | Rx        | Total      |
|--|-----------|-----------|------------|
| Projected Allowed Claims PMPM (EHB and Non-EHB)                          | \$ 401.49 | \$ 124.21 | \$ 525.70  |
| Projected Paid / Allowed Ratio   | 92.4%     | 92.4%     | 92.4%      |
| Adjustment for Risk Transfer   |           |           | \$ (41.86) |
| Projected Paid Claims PMPM (EHB and Non-EHB), Adjusted for Risk Transfer |           |           | \$ 447.09  |

|                                       | Total<br>PMPM    | %             | Total (4Q15) **<br>PMPM | %             | % Δ   |
|---------------------------------------|------------------|---------------|-------------------------|---------------|-------|
| Projected Paid Claims (+ Capitations) | \$ 447.09        | 74.7%         | \$ 382.69               | 75.7%         | -1.0% |
| Admin Costs                           | \$ 46.34         | 7.7%          | \$ 42.08                | 8.3%          | -0.6% |
| Patient Outcome Tax                   | \$ 0.19          | 0.0%          | \$ 0.18                 | 0.0%          | 0.0%  |
| Reinsurance                           | \$ 2.26          | 0.4%          | \$ 2.63                 | 0.5%          | -0.1% |
| Risk Adjustment User Fees             | \$ 0.15          | 0.0%          | \$ 0.08                 | 0.0%          | 0.0%  |
| Broker Commissions & Fees             | \$ 30.59         | 5.1%          | \$ 27.94                | 5.5%          | -0.4% |
| Contrib to Reserve                    | \$ 19.15         | 3.2%          | \$ 6.06                 | 1.2%          | 2.0%  |
| Invst Income Credit **                | \$ (0.00)        | 0.0%          | \$ (0.00)               | 0.0%          | 0.0%  |
| Premium Taxes **                      | \$ 11.97         | 2.0%          | \$ 10.11                | 2.0%          | 0.0%  |
| Assessment Fees **                    | \$ 0.69          | 0.1%          | \$ 0.58                 | 0.1%          | 0.0%  |
| Federal Income Tax                    | \$ 4.79          | 0.8%          | \$ 1.52                 | 0.3%          | 0.5%  |
| State Income Tax                      | \$ -             | 0.0%          | \$ -                    | 0.0%          | 0.0%  |
| Exchange Assessment Fee               | \$ 5.98          | 1.0%          | \$ 5.05                 | 1.0%          | 0.0%  |
| Health Insurer Fee                    | \$ 15.56         | 2.6%          | \$ 13.27                | 2.6%          | 0.0%  |
| Exchange Fees                         | \$ -             | 0.0%          | \$ -                    | 0.0%          | 0.0%  |
| Incentive Program *                   | \$ 13.70         | 2.3%          | \$ 12.95                | 2.6%          | -0.3% |
| CDH Expenses                          | \$ -             | 0.0%          | \$ 0.24                 | 0.0%          | 0.0%  |
| <b>Total</b>                          | <b>\$ 598.46</b> | <b>100.0%</b> | <b>\$ 505.38</b>        | <b>100.0%</b> |       |

\* The incentive program included in medical products is projected to be cost neutral such that the value of the member incentives is offset by the expected claims reduction.

\*\* From approved GHMSI DC Small Group filing effective 1/1/2015, SERFF tracking # CFAP-129567873.

Note: The Contribution to Reserve shown is post-tax. The pre-tax contribution is 4.0%.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Support for DICR Components**

**Estimated Breakdown of Admin Costs**

|                                | % of<br>Revenue |
|--------------------------------|-----------------|
| Salaries/Wages/Benefits        | 3.3%            |
| Quality Improvement Activities | 1.3%            |
| Other General Admin            | 3.1%            |
| <b>Total Admin Costs</b>       | <b>7.7%</b>     |

**ACA Fees**

**Patient Outcome Tax (PCORI):**

|   |    |             |      |
|---|----|-------------|------|
| Policy years ending 10/1/2015 - 9/30-2016 | \$ | 2.25        | PMPY |
| Divide by 12:                             | \$ | <b>0.19</b> | PMPM |
| Policy years ending 10/1/2016 forward     | \$ | 2.34        | PMPY |
| Divide by 12:                             | \$ | <b>0.20</b> | PMPM |

|                               |    |             |      |
|-------------------------------|----|-------------|------|
| Reinsurance Contribution 2016 | \$ | <b>2.25</b> | PMPM |
| Reinsurance Contribution 2017 | \$ | <b>2.25</b> | PMPM |

|                                |    |             |      |
|--------------------------------|----|-------------|------|
| Reinsurance Administrative Fee | \$ | 0.17        | PMPY |
| Divide by 12:                  | \$ | <b>0.01</b> | PMPM |

|                           |    |             |      |
|---------------------------|----|-------------|------|
| Risk Adjustment User Fees | \$ | 1.75        | PMPY |
| Divide by 12:             | \$ | <b>0.15</b> | PMPM |

|                         |             |            |
|-------------------------|-------------|------------|
| Health Insurer Fee 2016 | <b>2.6%</b> | of premium |
| Health Insurer Fee 2017 | <b>2.6%</b> | of premium |

|                              |             |            |
|------------------------------|-------------|------------|
| Exchange Fees                | <b>0.0%</b> | of premium |
| Exchange Assessment Fee 2016 | <b>1.0%</b> | of premium |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**DICR & MLR**

|   | 1                        | 2                 | 3             | 4                     | 5                 | 6             | 7                     | 8                 | 9             | 10                    | 11                | 12            | 13                    | 14                | 15            | 16                     |
|---|--------------------------|-------------------|---------------|-----------------------|-------------------|---------------|-----------------------|-------------------|---------------|-----------------------|-------------------|---------------|-----------------------|-------------------|---------------|------------------------|
|   | <b>SG</b>                |                   |               |                       | <b>SG</b>         |               |                       | <b>SG</b>         |               |                       | <b>SG</b>         |               |                       | <b>SG</b>         |               |                        |
|   | <b>DC GHMSI</b>          |                   |               |                       | <b>DC GHMSI</b>   |               |                       | <b>DC GHMSI</b>   |               |                       | <b>DC GHMSI</b>   |               |                       | <b>DC GHMSI</b>   |               |                        |
|   | <b>Projected</b>         |                   |               |                       | <b>Projected</b>  |               |                       | <b>Projected</b>  |               |                       | <b>Projected</b>  |               |                       | <b>Projected</b>  |               |                        |
|   | <b>1Q16</b>              |                   |               |                       | <b>2Q16</b>       |               |                       | <b>3Q16</b>       |               |                       | <b>4Q16</b>       |               |                       | <b>2016</b>       |               |                        |
|   | <b>PMPM</b>              |                   | <b>%</b>      | <b>\$s</b>            | <b>PMPM</b>       |               | <b>%</b>              | <b>\$s</b>        | <b>PMPM</b>   |                       | <b>%</b>          | <b>\$s</b>    | <b>PMPM</b>           |                   | <b>%</b>      | <b>\$s</b>             |
| <b>TRADITIONAL LOSS RATIO</b>   |                          |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                        |
| Allowed Claims & Captns (EHB Only)  | Medical                  | \$ 398.51         |               |                       | \$ 403.76         |               |                       | \$ 409.05         |               |                       | \$ 414.43         |               |                       | \$ 409.23         |               |                        |
|   | RX                       | \$ 124.21         |               |                       | \$ 128.06         |               |                       | \$ 132.04         |               |                       | \$ 136.13         |               |                       | \$ 132.22         |               |                        |
|   | <b>TOTAL</b>             | <b>\$ 522.72</b>  |               |                       | <b>\$ 531.82</b>  |               |                       | <b>\$ 541.09</b>  |               |                       | <b>\$ 550.56</b>  |               |                       | <b>\$ 541.46</b>  |               |                        |
| Allowed Claims & Captns (EHB & Non-EHB)   | Medical                  | \$ 401.49         |               |                       | \$ 406.78         |               |                       | \$ 412.11         |               |                       | \$ 417.53         |               |                       | \$ 412.29         |               |                        |
|   | RX                       | \$ 124.21         |               |                       | \$ 128.06         |               |                       | \$ 132.04         |               |                       | \$ 136.13         |               |                       | \$ 132.22         |               |                        |
|   | <b>TOTAL</b>             | <b>\$ 525.70</b>  |               |                       | <b>\$ 534.84</b>  |               |                       | <b>\$ 544.15</b>  |               |                       | <b>\$ 553.66</b>  |               |                       | <b>\$ 544.52</b>  |               |                        |
| Projected EMMs  |                          | 96,252            |               |                       | 39,324            |               |                       | 89,700            |               |                       | 243,396           |               |                       | 468,672           |               |                        |
| Average Members   |                          | 8,021             |               |                       | 3,277             |               |                       | 7,475             |               |                       | 20,283            |               |                       | 39,056            |               |                        |
| %   |                          | 21%               |               |                       | 8%                |               |                       | 19%               |               |                       | 52%               |               |                       | 100%              |               |                        |
| Paid/Allowed Ratio  |                          | 92.4%             |               |                       | 92.4%             |               |                       | 92.4%             |               |                       | 92.4%             |               |                       | 92.4%             |               |                        |
| Paid Claims & Captns  |                          | \$ 485.76         |               |                       | \$ 494.20         |               |                       | \$ 502.84         |               |                       | \$ 511.59         |               |                       | \$ 503.15         |               |                        |
| <b>"3Rs"</b>  |                          |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                        |
| Risk Corridor   |                          | n/a               |               |                       | n/a               |               |                       | n/a               |               |                       | n/a               |               |                       | n/a               |               |                        |
| Risk Adjustment/Transfer (Paid Claims Basis)  |                          | \$ (38.68)        |               | \$ (3,722,645)        | \$ (39.35)        |               | \$ (1,547,338)        | \$ (40.04)        |               | \$ (3,591,373)        | \$ (40.74)        |               | \$ (9,914,883)        | \$ (40.06)        |               | \$ (18,776,239)        |
| Reinsurance Recoveries (State & Federal)  |                          | \$ -              |               | \$ 0                  | \$ -              |               | \$ 0                  | \$ -              |               | \$ 0                  | \$ -              |               | \$ 0                  | \$ -              |               | \$ 0                   |
| (Individual Only, Paid Claims Basis)  |                          |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                        |
| <b>Subtotal:</b>  |                          | <b>\$ (38.68)</b> |               | <b>\$ (3,722,645)</b> | <b>\$ (39.35)</b> |               | <b>\$ (3,787,366)</b> | <b>\$ (40.04)</b> |               | <b>\$ (3,853,700)</b> | <b>\$ (40.74)</b> |               | <b>\$ (3,920,883)</b> | <b>\$ (32.61)</b> |               | <b>\$ (15,284,594)</b> |
| Paid Claims & Captns (Post-3Rs)   |                          | <b>\$ 447.09</b>  | <b>74.7%</b>  | <b>\$ 43,032,932</b>  | <b>\$454.85</b>   | <b>74.9%</b>  | <b>\$ 17,886,417</b>  | <b>\$462.80</b>   | <b>75.1%</b>  | <b>\$ 41,513,319</b>  | <b>\$ 470.86</b>  | <b>75.3%</b>  | <b>\$ 114,604,882</b> | <b>\$ 463.09</b>  | <b>75.1%</b>  | <b>\$ 217,037,550</b>  |
| Administrative Expense  |                          | \$ 46.34          | 7.7%          | \$ 4,460,356          | \$ 46.34          | 7.6%          | \$ 1,822,290          | \$ 46.34          | 7.5%          | \$ 4,156,734          | \$ 46.34          | 7.4%          | \$ 11,279,068         | \$ 46.34          | 7.5%          | \$ 21,718,448          |
| Broker Commissions & Fee  |                          | \$ 30.59          | 5.1%          | \$ 2,944,763          | \$ 30.59          | 5.0%          | \$ 1,203,090          | \$ 30.59          | 5.0%          | \$ 2,744,309          | \$ 30.59          | 4.9%          | \$ 7,446,530          | \$ 30.59          | 5.0%          | \$ 14,338,692          |
| Contribution to Reserve (CTR) - Post-FIT  |                          | \$ 19.15          | 3.2%          | \$ 1,843,302          | \$ 19.43          | 3.2%          | \$ 764,224            | \$ 19.72          | 3.2%          | \$ 1,769,249          | \$ 20.02          | 3.2%          | \$ 4,872,311          | \$ 19.73          | 3.2%          | \$ 9,249,087           |
| Investment Income Credit  |                          | \$ (0.00)         | 0.0%          | \$ (56)               | \$ (0.00)         | 0.0%          | \$ (23)               | \$ (0.00)         | 0.0%          | \$ (54)               | \$ (0.00)         | 0.0%          | \$ (148)              | \$ (0.00)         | 0.0%          | \$ (281)               |
| <b>Non-ACA Taxes &amp; Fees</b>   |                          |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                        |
| State Premium Tax   |                          | \$ 11.97          | 2.0%          | \$ 1,152,064          | \$ 12.15          | 2.0%          | \$ 477,640            | \$ 12.33          | 2.0%          | \$ 1,105,781          | \$ 12.51          | 2.0%          | \$ 3,045,195          | \$ 12.33          | 2.0%          | \$ 5,780,679           |
| State Assessment Fees   |                          | \$ 0.69           | 0.1%          | \$ 66,228             | \$ 0.70           | 0.1%          | \$ 27,458             | \$ 0.71           | 0.1%          | \$ 63,568             | \$ 0.72           | 0.1%          | \$ 175,058            | \$ 0.71           | 0.1%          | \$ 332,312             |
| State Income Tax (SIT)  |                          | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                   |
| Federal Income Tax (FIT)  |                          | \$ 4.79           | 0.8%          | \$ 460,826            | \$ 4.86           | 0.8%          | \$ 191,056            | \$ 4.93           | 0.8%          | \$ 442,312            | \$ 5.00           | 0.8%          | \$ 1,218,078          | \$ 4.93           | 0.8%          | \$ 2,312,272           |
| <b>ACA Taxes &amp; Fees</b>   |                          |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                        |
| Health Insurer Fee  |                          | \$ 15.56          | 2.6%          | \$ 1,497,683          | \$ 15.79          | 2.6%          | \$ 620,932            | \$ 16.03          | 2.6%          | \$ 1,437,515          | \$ 16.26          | 2.6%          | \$ 3,958,753          | \$ 16.03          | 2.6%          | \$ 7,514,883           |
| Reinsurance Contribution  |                          | \$ 2.25           | 0.4%          | \$ 216,567            | \$ 2.25           | 0.4%          | \$ 88,479             | \$ 2.25           | 0.4%          | \$ 201,825            | \$ 2.25           | 0.4%          | \$ 547,641            | \$ 2.25           | 0.4%          | \$ 1,054,512           |
| Reinsurance Administrative Fee  |                          | \$ 0.01           | 0.0%          | \$ 1,364              | \$ 0.01           | 0.0%          | \$ 557                | \$ 0.01           | 0.0%          | \$ 1,271              | \$ 0.01           | 0.0%          | \$ 3,448              | \$ 0.01           | 0.0%          | \$ 6,640               |
| Risk Adjustment User Fee  |                          | \$ 0.15           | 0.0%          | \$ 14,438             | \$ 0.15           | 0.0%          | \$ 5,899              | \$ 0.15           | 0.0%          | \$ 13,455             | \$ 0.15           | 0.0%          | \$ 36,509             | \$ 0.15           | 0.0%          | \$ 70,301              |
| Exchange Assessment Fee   |                          | \$ 5.98           | 1.0%          | \$ 576,032            | \$ 6.07           | 1.0%          | \$ 238,820            | \$ 6.16           | 1.0%          | \$ 552,890            | \$ 6.26           | 1.0%          | \$ 1,522,597          | \$ 6.17           | 1.0%          | \$ 2,890,340           |
| Exchange User Fees (FEEs Only)  |                          | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                   |
| Patient-Centered Outcomes Research Institute (PCORI) Tax  |                          | \$ 0.19           | 0.0%          | \$ 18,047             | \$ 0.19           | 0.0%          | \$ 7,373              | \$ 0.19           | 0.0%          | \$ 16,819             | \$ 0.19           | 0.0%          | \$ 47,270             | \$ 0.19           | 0.0%          | \$ 89,509              |
| BlueRewards/Incentive Program-Medical Debit Cards   |                          | \$ 13.70          | 2.3%          | \$ 1,318,657          | \$ 13.93          | 2.3%          | \$ 547,798            | \$ 14.16          | 2.3%          | \$ 1,270,035          | \$ 14.39          | 2.3%          | \$ 3,502,535          | \$ 14.17          | 2.3%          | \$ 6,639,025           |
| Other   |                          | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                   |
| <b>TOTAL</b>  |                          | <b>\$ 598.46</b>  | <b>100.0%</b> | <b>\$ 57,603,203</b>  | <b>\$ 607.31</b>  | <b>100.0%</b> | <b>\$ 23,882,010</b>  | <b>\$ 616.38</b>  | <b>100.0%</b> | <b>\$ 55,289,026</b>  | <b>\$ 625.56</b>  | <b>100.0%</b> | <b>\$ 152,259,727</b> | <b>\$ 616.71</b>  | <b>100.0%</b> | <b>\$ 289,033,967</b>  |
| Contribution to Reserve (CTR) - Pre-FIT   |                          |                   | <b>4.0%</b>   |                       |                   | <b>4.0%</b>   |                       |                   | <b>4.0%</b>   |                       |                   | <b>4.0%</b>   |                       |                   | <b>4.0%</b>   |                        |
| <b>FHCR MEDICAL LOSS RATIO</b>  |                          |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                        |
| Risk Adjustment   |                          | \$ (42.84)        |               | \$ (4,123,209)        | \$ (43.58)        |               | \$ (1,713,835)        | \$ (44.35)        |               | \$ (3,977,813)        | \$ (45.12)        |               | \$ (10,981,746)       | \$ (44.37)        |               | \$ (20,796,603)        |
| Reinsurance Receipts (Individual Only)  |                          | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                   |
| BlueRewards/Incentive Program-Medical Debit Cards   |                          | \$ 13.70          |               | \$ 1,318,657          | \$ 13.93          |               | \$ 547,798            | \$ 14.16          |               | \$ 1,270,035          | \$ 14.39          |               | \$ 3,502,535          | \$ 14.17          |               | \$ 6,639,025           |
| Quality Improvement Expenses  |                          | \$ 7.71           |               | \$ 741,631            | \$ 7.71           |               | \$ 302,995            | \$ 7.71           |               | \$ 691,147            | \$ 7.71           |               | \$ 1,875,390          | \$ 7.71           |               | \$ 3,611,163           |
| Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees) |                          | \$ (9.81)         |               | \$ (944,392)          | \$ (9.81)         |               | \$ (385,834)          | \$ (9.81)         |               | \$ (880,106)          | \$ (9.81)         |               | \$ (2,388,119)        | \$ (9.81)         |               | \$ (4,598,450)         |
| <b>Numerator (Claims) Adjustment</b>  |                          | <b>\$ (31.24)</b> |               | <b>\$ (3,007,314)</b> | <b>\$ (31.76)</b> |               | <b>\$ (1,248,876)</b> | <b>\$ (32.29)</b> |               | <b>\$ (2,896,737)</b> | <b>\$ (32.84)</b> |               | <b>\$ (7,991,940)</b> | <b>\$ (32.31)</b> |               | <b>\$ (15,144,866)</b> |
| Non-ACA: Taxes & Regulatory Fees  | State Premium Tax        | \$ 11.97          |               | \$ 1,152,064          | \$ 12.15          |               | \$ 477,640            | \$ 12.33          |               | \$ 1,105,781          | \$ 12.51          |               | \$ 3,045,195          | \$ 12.33          |               | \$ 5,780,679           |
|   | State Assmt Fee          | \$ 0.69           |               | \$ 66,228             | \$ 0.70           |               | \$ 27,458             | \$ 0.71           |               | \$ 63,568             | \$ 0.72           |               | \$ 175,058            | \$ 0.71           |               | \$ 332,312             |
|   | State Income Tax         | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                   |
|   | Federal Income Tax       | \$ 4.79           |               | \$ 460,826            | \$ 4.86           |               | \$ 191,056            | \$ 4.93           |               | \$ 442,312            | \$ 5.00           |               | \$ 1,218,078          | \$ 4.93           |               | \$ 2,312,272           |
| ACA: Taxes & Regulatory Fees  | Health Insurer Fee       | \$ 15.56          |               | \$ 1,497,683          | \$ 15.79          |               | \$ 620,932            | \$ 16.03          |               | \$ 1,437,515          | \$ 16.26          |               | \$ 3,958,753          | \$ 16.03          |               | \$ 7,514,883           |
|   | Reinsurance Contribution | \$ 2.25           |               | \$ 216,567            | \$ 2.25           |               | \$ 88,479             | \$ 2.25           |               | \$ 201,825            | \$ 2.25           |               | \$ 547,641            | \$ 2.25           |               | \$ 1,054,512           |
|   | Reinsurance Admin. Fee   | \$ 0.01           |               | \$ 1,364              | \$ 0.01           |               | \$ 557                | \$ 0.01           |               | \$ 1,271              | \$ 0.01           |               | \$ 3,448              | \$ 0.01           |               | \$ 6,640               |
|   | Risk Adj User Fees       | \$ 0.15           |               | \$ 14,438             | \$ 0.15           |               | \$ 5,899              | \$ 0.15           |               | \$ 13,455             | \$ 0.15           |               | \$ 36,509             | \$ 0.15           |               | \$ 70,301              |
|   | Exchange Assessment Fee  | \$ 5.98           |               | \$ 576,032            | \$ 6.07           |               | \$ 238,820            | \$ 6.16           |               | \$ 552,890            | \$ 6.26           |               | \$ 1,522,597          | \$ 6.17           |               | \$ 2,890,340           |
|   | Exchange User Fee        | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                   |
|   | PCORI                    | \$ 0.19           |               | \$ 18,047             | \$ 0.19           |               | \$ 7,373              | \$ 0.19           |               | \$ 16,819             | \$ 0.19           |               | \$ 47,270             | \$ 0.19           |               | \$ 89,509              |
| <b>Denominator (Premium) Adjustment</b>   |                          | <b>\$ 41.59</b>   |               | <b>\$ 4,003,249</b>   | <b>\$ 42.17</b>   |               | <b>\$ 1,658,215</b>   | <b>\$ 42.76</b>   |               | <b>\$ 3,835,435</b>   | <b>\$ 43.36</b>   |               | <b>\$ 10,554,549</b>  | <b>\$ 42.78</b>   |               | <b>\$ 20,051,447</b>   |
| FHCR Claims   |                          | \$ 454.52         |               | \$ 43,748,263         | \$ 462.44         |               | \$ 18,184,879         | \$ 470.55         |               | \$ 42,207,956         | \$ 478.76         |               | \$ 116,527,825        | \$ 470.84         |               | \$ 220,668,924         |
| FHCR MLR Premium  |                          | \$ 556.87         |               | \$ 53,599,954         | \$ 565.15         |               | \$ 22,223,796         | \$ 573.62         |               | \$ 51,453,592         | \$ 582.20         |               | \$ 141,705,178        | \$ 573.92         |               | \$ 268,982,520         |
| <b>FHCR Loss Ratio</b>  |                          | <b>81.6%</b>      |               |                       | <b>81.8%</b>      |               |                       | <b>82.0%</b>      |               |                       | <b>82.2%</b>      |               |                       | <b>82.0%</b>      |               |                        |



|  |   |                          | 1         | 2  | 3             | 4                     |
|--|---|--------------------------|-----------|--|---------------|-----------------------|
|  |   |                          |           | Ind 64-<br>DC GHMSI<br>Projected<br>2016<br>PMPM | %             | \$s                   |
|  | <b>TRADITIONAL LOSS RATIO</b>   |                          |           |  |               |                       |
|  | Allowed Claims & Captns (EHB Only)  | Medical                  | \$        | 398.51   |               |                       |
|  |   | RX                       | \$        | 124.21   |               |                       |
|  |   | <b>TOTAL</b>             | <b>\$</b> | <b>522.72</b>                                    |               |                       |
|  | Allowed Claims & Captns (EHB & Non-EHB)   | Medical                  | \$        | 401.35   |               |                       |
|  |   | RX                       | \$        | 124.21   |               |                       |
|  |   | <b>TOTAL</b>             | <b>\$</b> | <b>525.48</b>                                    |               |                       |
|  | Projected EMMs  |                          |           | 38,367   |               |                       |
|  | Average Members   |                          |           | 3,197  |               |                       |
|  | Paid/Allowed Ratio  |                          |           | 76.7%  |               |                       |
|  | Paid Claims & Captns  |                          | \$        | 403.24   |               |                       |
|  | <b>"3Rs"</b>  |                          |           |  |               |                       |
|  | Risk Corridor   |                          |           | n/a  |               |                       |
|  | Risk Adjustment/Transfer (Paid Claims Basis)  |                          | \$        | (38.27)  |               |                       |
|  | Reinsurance Recoveries (State & Federal)  |                          | \$        | (14.88)  |               |                       |
|  | (Individual Only, Paid Claims Basis)  |                          |           |  |               |                       |
|  | <b>Subtotal:</b>  |                          | <b>\$</b> | <b>(53.15)</b>                                   |               |                       |
|  | Paid Claims & Captns (Post-3Rs)   |                          | <b>\$</b> | <b>350.09</b>                                    | <b>73.8%</b>  | <b>\$ 13,432,089</b>  |
|  | Administrative Expense  |                          | \$        | 61.32  | 12.9%         | \$ 2,352,664          |
|  | Broker Commissions & Fee  |                          | \$        | 15.40  | 3.2%          | \$ 590,836            |
|  | Contribution to Reserve (CtR) - Post-FIT  |                          | \$        | 7.59   | 1.6%          | \$ 291,058            |
|  | Investment Income Credit  |                          | \$        | (0.00)   | 0.0%          | \$ (18)               |
|  | <b>Non-ACA Taxes &amp; Fees</b>   |                          |           |  |               |                       |
|  | State Premium Tax   |                          | \$        | 9.48   | 2.0%          | \$ 363,822            |
|  | State Assessment Fees   |                          | \$        | 0.21   | 0.0%          | \$ 7,889              |
|  | State Income Tax (SIT)  |                          | \$        | -  | 0.0%          | \$ -                  |
|  | Federal Income Tax (FIT)  |                          | \$        | 1.90   | 0.4%          | \$ 72,764             |
|  | <b>ACA Taxes &amp; Fees</b>   |                          |           |  |               |                       |
|  | Health Insurer Fee  |                          | \$        | 12.33  | 2.6%          | \$ 472,969            |
|  | Risk Adjustment User Fee  |                          | \$        | 0.15   | 0.0%          | \$ 5,755              |
|  | <b>Exchange Assessment Fee</b>  |                          | \$        | 4.74   | 1.0%          | \$ 181,911            |
|  | <b>Exchange User Fees (FFE's Only)</b>  |                          | \$        | -  | 0.0%          | \$ -                  |
|  | Patient-Centered Outcomes Research Institute (PCORI) Tax  |                          | \$        | 0.18   | 0.0%          | \$ 6,922              |
|  | BlueRewards/Incentive Program-Medical Debit Cards   |                          | \$        | 10.75  | 2.3%          | \$ 412,445            |
|  | Other   |                          | \$        | -  | 0.0%          | \$ -                  |
|  | <b>TOTAL</b>  |                          | <b>\$</b> | <b>474.13</b>                                    | <b>100.0%</b> | <b>\$ 18,191,106</b>  |
|  | Contribution to Reserve (CtR) - Pre-FIT   |                          |           |  | 2.0%          |                       |
|  | <b>FHCR MEDICAL LOSS RATIO</b>  |                          |           |  |               |                       |
|  | Risk Adjustment   |                          | \$        | (38.11)  |               | \$ (1,462,184)        |
|  | Reinsurance Receipts  |                          | \$        | (17.06)  |               | \$ (654,727)          |
|  | BlueRewards/Incentive Program-Medical Debit Cards   |                          | \$        | 10.75  |               | \$ 412,445            |
|  | Quality Improvement Expenses (net after MLR reclass from care)  |                          | \$        | 5.08   |               | \$ 194,791            |
|  | Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees) |                          | \$        | (3.88)   |               | \$ (148,883)          |
|  | <b>Numerator (Claims) Adjustment</b>  |                          | <b>\$</b> | <b>(43.23)</b>                                   |               | <b>\$ (1,658,558)</b> |
|  | Non-ACA: Taxes & Regulatory Fees  | State Premium Tax        | \$        | 9.48   |               | \$ 363,822            |
|  |   | State Assmt Fee          | \$        | 0.21   |               | \$ 7,889              |
|  |   | State Income Tax         | \$        | -  |               | \$ -                  |
|  |   | Federal Income Tax       | \$        | 1.90   |               | \$ 72,764             |
|  | ACA: Taxes & Regulatory Fees  | Health Insurer Fee       | \$        | 12.33  |               | \$ 472,969            |
|  |   | Reinsurance Contribution | \$        | 2.25   |               | \$ 86,326             |
|  |   | Reinsurance Admin. Fee   | \$        | 0.01   |               | \$ 544                |
|  |   | Risk Adj User Fees       | \$        | 0.15   |               | \$ 5,755              |
|  |   | Exchange Assessment Fee  | \$        | 4.74   |               | \$ 181,911            |
|  |   | Exchange User Fee        | \$        | -  |               | \$ -                  |
|  |   | PCORI                    | \$        | 0.18   |               | \$ 6,922              |
|  | <b>Denominator (Premium) Adjustment</b>   |                          | <b>\$</b> | <b>31.25</b>                                     |               | <b>\$ 1,198,901</b>   |
|  | FHCR Claims   |                          | \$        | 360.01   |               | \$ 13,812,643         |
|  | FHCR MLR Premium  |                          | \$        | 442.89   |               | \$ 16,992,205         |
|  | <b>FHCR Loss Ratio</b>  |                          |           | <b>81.3%</b>                                     |               |                       |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
DICR & MLR

|  | 1               | 2   | 3             | 4                      |
|--|-----------------|---|---------------|------------------------|
|  |                 | SG & Ind<br>DC GHMSI<br>Projected<br>2016<br>PMPM | %             | \$                     |
| <b>TRADITIONAL LOSS RATIO</b>  |                 |   |               |                        |
| Allowed Claims & Captns (EHB Only)   | Medical \$      | 408.42  |               |                        |
|  | RX \$           | 131.62  |               |                        |
|  | <b>TOTAL \$</b> | <b>540.04</b>                                     |               |                        |
| Allowed Claims & Captns (EHB & Non-EHB)  | Medical \$      | 411.47  |               |                        |
|  | RX \$           | 131.62  |               |                        |
|  | <b>TOTAL \$</b> | <b>543.08</b>                                     |               |                        |
| Projected EMMs   |                 | 507,039   |               |                        |
| Average Members  |                 | 42,253  |               |                        |
| Paid/Allowed Ratio   |                 | 91.3%   |               |                        |
| Paid Claims & Captns   | \$              | 495.59  |               |                        |
| <b>"3Rs"</b>   |                 |   |               |                        |
| Risk Corridor  |                 | n/a   |               |                        |
| Risk Adjustment/Transfer (Paid Claims Basis)   | \$              | (39.93)   |               |                        |
| Reinsurance Recoveries (State & Federal)<br>(Individual Only, Paid Claims Basis)                                 | \$              | (1.13)  |               |                        |
| <b>Subtotal:</b>   | <b>\$</b>       | <b>(41.05)</b>                                    |               |                        |
| Paid Claims & Captns (Post-3Rs)  | <b>\$</b>       | <b>454.54</b>                                     | <b>75.0%</b>  | <b>\$ 230,469,639</b>  |
| Administrative Expense   | \$              | 47.47   | 7.8%          | \$ 24,071,112          |
| Broker Commissions & Fee   | \$              | 29.44   | 4.9%          | \$ 14,929,528          |
| Contribution to Reserve (CTR) - Post-FIT   | \$              | 18.82   | 3.1%          | \$ 9,540,145           |
| Investment Income Credit   | \$              | (0.00)  | 0.0%          | \$ (299)               |
| <b>Non-ACA Taxes &amp; Fees</b>  |                 |   |               |                        |
| State Premium Tax  | \$              | 12.12   | 2.0%          | \$ 6,144,501           |
| State Assessment Fees  | \$              | 0.67  | 0.1%          | \$ 340,200             |
| State Income Tax (SIT)   | \$              | -   | 0.0%          | \$ -                   |
| Federal Income Tax (FIT)   | \$              | 4.70  | 0.8%          | \$ 2,385,036           |
| <b>ACA Taxes &amp; Fees</b>  |                 |   |               |                        |
| Health Insurer Fee   | \$              | 15.75   | 2.6%          | \$ 7,987,852           |
| Reinsurance Contribution   | \$              | 2.08  | 0.3%          | \$ 1,054,512           |
| Reinsurance Administrative Fee   | \$              | 0.01  | 0.0%          | \$ 6,640               |
| Risk Adjustment User Fee   | \$              | 0.15  | 0.0%          | \$ 76,056              |
| Exchange Assessment Fee  | \$              | 6.06  | 1.0%          | \$ 3,072,251           |
| Exchange User Fees (FEEs Only)   | \$              | -   | 0.0%          | \$ -                   |
| Patient-Centered Outcomes Research Institute (PCORI) Tax   | \$              | 0.19  | 0.0%          | \$ 96,431              |
| BlueRewards/Incentive Program-Medical Debit Cards  | \$              | 13.91   | 2.3%          | \$ 7,051,470           |
| Other  | \$              | -   | 0.0%          | \$ -                   |
| <b>TOTAL</b>   | <b>\$</b>       | <b>605.92</b>                                     | <b>100.0%</b> | <b>\$ 307,225,074</b>  |
| Contribution to Reserve (CTR) - Pre-FIT  |                 |   | 4.0%          |                        |
| <b>FHCR MEDICAL LOSS RATIO</b>   |                 |   |               |                        |
| Risk Adjustment  | \$              | (43.90)   |               | \$ (22,258,787)        |
| Reinsurance Receipts (Individual Only)   | \$              | (1.29)  |               | \$ (654,727)           |
| BlueRewards/Incentive Program-Medical Debit Cards  | \$              | 13.91   |               | \$ 7,051,470           |
| Quality Improvement Expenses   | \$              | 7.51  |               | \$ 3,805,954           |
| Removal of costs which we book as care, but are not considered care<br>under MLR guidelines (including ITS fees) | \$              | (9.36)  |               | \$ (4,747,333)         |
| <b>Numerator (Claims) Adjustment</b>   | <b>\$</b>       | <b>(33.14)</b>                                    |               | <b>\$ (16,803,423)</b> |
| Non-ACA: Taxes & Regulatory Fees   |                 |   |               |                        |
| State Premium Tax  | \$              | 12.12   |               | \$ 6,144,501           |
| State Assmt Fee  | \$              | 0.67  |               | \$ 340,200             |
| State Income Tax   | \$              | -   |               | \$ -                   |
| Federal Income Tax   | \$              | 4.70  |               | \$ 2,385,036           |
| ACA: Taxes & Regulatory Fees   |                 |   |               |                        |
| Health Insurer Fee   | \$              | 15.75   |               | \$ 7,987,852           |
| Reinsurance Contribution   | \$              | 2.25  |               | \$ 1,140,838           |
| Reinsurance Admin. Fee   | \$              | 50.01   |               | \$ 7,183               |
| Risk Adj User Fees   | \$              | 0.15  |               | \$ 76,056              |
| Exchange Assessment Fee  | \$              | 6.06  |               | \$ 3,072,251           |
| Exchange User Fee  | \$              | -   |               | \$ -                   |
| PCORI  | \$              | 0.19  |               | \$ 96,431              |
| <b>Denominator (Premium) Adjustment</b>  | <b>\$</b>       | <b>41.91</b>                                      |               | <b>\$ 21,250,348</b>   |
| FHCR Claims  | \$              | 462.45  |               | \$ 234,481,567         |
| FHCR MLR Premium   | \$              | 564.01  |               | \$ 285,974,725         |
| <b>FHCR Loss Ratio</b>   |                 |   | <b>82.0%</b>  |                        |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Summary of Wakely Small Group Modeling**

|              |      | (1)             |    | (2)                        | (3)        | (4) = (2) x 1.00     | (5)        | (6)             | (7) = ((4)+(5))/(6) + 1 |
|--------------|------|-----------------|----|----------------------------|------------|----------------------|------------|-----------------|-------------------------|
|              |      | Projected Index |    | Estimated Risk Adjustment  | Calculated | Proposed Risk        | Risk       | Projected Index |                         |
|              |      | Rate            |    | PMPM (Applied to Projected | Risk       | Adjustment PMPM      | Adjustment | Rate After      |                         |
|              |      |                 |    | Index Rate)                | Adjustment | Applied to Projected | User Fee   | Reinsurance     | Proposed Value for      |
|              |      |                 |    |                            | Factor     | Index Rate           | PMPM **    | Adjustment      | Rate Filing             |
| <b>GHMSI</b> | 1Q16 | \$ 522.72       | \$ | (41.86)                    | 0.9199     | \$ (41.86)           | \$ 0.15    | \$ 524.98       | 0.9206                  |
|              | 2Q16 | \$ 531.82       | \$ | (42.58)                    | 0.9199     | \$ (42.58)           | \$ 0.15    | \$ 534.08       | 0.9205                  |
|              | 3Q16 | \$ 541.09       | \$ | (43.33)                    | 0.9199     | \$ (43.33)           | \$ 0.15    | \$ 543.35       | 0.9205                  |
|              | 4Q16 | \$ 550.56       | \$ | (44.08)                    | 0.9199     | \$ (44.08)           | \$ 0.15    | \$ 552.82       | 0.9205                  |

\* Assumes market risk score = 1.00.

\*\* Risk Adjustment User Fee = \$1.75 PMPY / 12 = \$0.15 PMPM.

The proposed risk adjustment was developed based on a multi-carrier study conducted by Wakely Consulting Group.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Support for Induced Demand Adjustment - Small Group/Individual Combined**

|  |        | Item Calculation        |
|--|--------|-------------------------|
| 2013 AV  | 86.28% | (1)                     |
| 2013 Induced Demand Factor   | 1.263  | (2)                     |
| 2014 AV  | 85.01% | (3)                     |
| 2014 Induced Demand Factor   | 1.250  | (4)                     |
| 2 Year Induced Demand Adjustment Implied in Utilization Trends         | -2.0%  | (5) $= [(4)/(2)]^2 - 1$ |
| Projected 2016 AV  | 83.66% | (6)                     |
| 2016 Induced Demand Factor   | 1.237  | (7)                     |
| Induced Demand Impact Implied by Base Period and Projected Average AVs | -1.1%  | (8) $= (7)/(4) - 1$     |
| Explicit Induced Demand Adjustment Needed *                            | 0.9%   | (9) $= (8) - (5)$       |

Our selected utilization trends are based in large part on our rolling 12 experience trends. Inherent in these experience trends is a change in level of benefit generosity that has been experienced as groups / individuals have moved to more or less rich plans over time. This change in benefit generosity theoretically would have an induced demand impact similar to any projected changes in average benefit richness between the base and projection periods in this filing. As such, we feel that the only explicit induced demand adjustment needed is for projected changes in benefit richness above and beyond what is implied in our base experience.

Using the HHS Actuarial Value calculator, and valuing our plan designs in 2013 and 2014 we have derived the above “average AVs” to quantify the annual change in benefit richness implied in recent experience. Using the induced demand curve we have in this filing we have also estimated the amount of induced demand adjustment implied by these values over a two year period. Similarly we have estimated the amount of induced demand adjustment implied by the change in average AV between our experience period and projection period. The differential between these two estimates represents the needed explicit adjustment to the projected allowed PMPM. Please note that the HHS AV calculator was used in all cases in order to have a consistent measure of AV (benefit richness), to remove the impact of modeling error, and to maintain consistency with the plan level induced demand factors used.

\* Applied under Projection Factors: Other in the Allowed PMPM Projection exhibits.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Description of "Other" Adjustments to Experience Period Data**

The adjustment descriptions below detail the build up of our "Other" multiplicative factors used in adjusting the experience period allowed PMPM amounts to the projection period.

These adjustments coincide with those used in worksheet I section II of the URRT.

Please see pages 34 - 38 for support of these factors.

| Service Category | Other Factor | Description of Adjustment   |
|------------------|--------------|---|
| Inpatient        | 0.987        | Multiplicative factors of 1.008 for changes in average age of the pool, 0.971 to reflect the impact of the new Incentive Program, and 1.009 to adjust for differences in induced demand between the experience period and projection period.  |
| Outpatient       | 0.987        | Multiplicative factors of 1.008 for changes in average age of the pool, 0.971 to reflect the impact of the new Incentive Program, and 1.009 to adjust for differences in induced demand between the experience period and projection period.  |
| Professional     | 1.009        | Multiplicative factors of 1.008 for changes in average age of the pool, 1.020 for changes in treatment of ABA services, 0.971 to reflect the impact of the new Incentive Program, 1.009 to adjust for differences in induced demand between the experience period and projection period, and 1.002 to adjust for shifting of certain behavioral health capitation to being claims based.                  |
| Other            | 1.070        | Multiplicative factors of 1.008 for changes in average age of the pool, 1.084 to reflect the impact of embedded pediatric dental benefit, 0.971 to reflect the impact of the new Incentive Program, and 1.009 to adjust for differences in induced demand between the experience period and projection period.  |
| Rx               | 0.955        | Multiplicative factors of 1.004 to reflect changes in our Mandatory Generic policy. Also includes multiplicative factors of 1.008 for changes in average age of the pool, 0.971 to reflect the impact of the new Incentive Program, 1.009 to adjust for differences in induced demand between the experience period and projection period, and 0.963 to reflect a projected increase in pharmacy rebates. |
| Capitation       | 0.763        | Multiplicative factor of 0.763 to adjust for changes in behavioral health capitations and the replacement of pre-ACA core vision with embedded pediatric and embedded adult vision.   |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

Support for "Other" Adjustment Factors

**1. Factors to adjust for capitation schedule changes**

|  | Allowed Claims | Item | Calculation |
|--|----------------|------|-------------|
| Experience Period Professional Allowed PMPM  | \$ 144.59      | (1)  |             |
| Experience Period Capitation PMPM  | \$ 1.26        | (2)  |             |
| Projected Difference in Professional Capitations PMPM due to Contractual Changes * | (\$0.25)       | (3)  |             |
| Projected Difference in Vision Capitations PMPM **                                 | \$ (0.05)      | (4)  |             |

\* Note: Case management of behavioral health will no longer be a capitated service and will instead be processed as a professional claim.

|   |        |                              |
|---|--------|------------------------------|
| Adjustment Factor - Impact to Professional only (Blended Across Single Risk Pool) | 0.2%   | (5) = [(1)-(3)] / (1) -1     |
| Adjustment Factor - Impact to Capitations only (Blended Across Single Risk Pool)  | -23.7% | (6) = [(2)+(3)+(4)] / (2) -1 |

**2. Pharmacy Rebates Adjustment**

**Ind64-**

CareFirst changed its Pharmacy Benefits Manager (PBM) in 2014 and has received increased pharmacy rebates as a result of this move. The 2014 experience period rebates are a blend of those received from the two different PBMs. In 2016 the rebates will be entirely from the new PBM. The adjustment below is the ratio of the rebate PMPM for the last 3 months of 2014, which is primarily the new PBM with higher rebates, over the average rebate PMPM for all of 2014.

|  |           |                       |
|--|-----------|-----------------------|
| Experience Period Allowed Rx PMPM (Pre-Rebate)             | \$ 106.70 | (1)                   |
| Experience Period Pharmacy Rebates PMPM                    | (\$6.31)  | (2)                   |
| Projection Period Pharmacy Rebates PMPM                    | (\$11.08) | (3)                   |
| Rebate adjustment factor - Impact to Rx only (Ind64- Only) | -4.5%     | (4) = [(3)-(2)] / (1) |

**Small Group**

|   |           |                       |
|---|-----------|-----------------------|
| Experience Period Allowed Rx PMPM (Pre-Rebate)                  | \$ 106.61 | (1)                   |
| Experience Period Pharmacy Rebates PMPM                         | (\$10.48) | (2)                   |
| Projection Period Pharmacy Rebates PMPM                         | (\$14.32) | (3)                   |
| Rebate adjustment factor - Impact to Rx only (Small Group Only) | -3.6%     | (4) = [(3)-(2)] / (1) |

|  |       |
|--|-------|
| Rebate adjustment factor - Impact to Rx only (Blended Across Single Risk Pool) | -3.7% |
|--|-------|

**3. Mandatory Generic Factor Derivation (Based on CFI Total Book of Business Data)**

|   |                  |               |
|---|------------------|---------------|
| Total \$ Impact Due to expansion of list of Mandatory Generic Drugs | \$ 4,594,160     | (1)           |
| Total 2013 Drug Claims  | \$ 1,249,560,894 | (2)           |
| % Increase in Paid Drug \$ - Impact to Rx only                      | 0.4%             | (3) = (1)/(2) |

**4. Changes in treatment of ABA services (see page 35 for details)**

**Ind64-**

|   |           |               |
|---|-----------|---------------|
| \$ Impact to Experience Period Allowed PMPM                                 | \$ 1.19   | (1)           |
| Experience Period Allowed PMPM for Professional Services                    | \$ 136.96 | (2)           |
| Changes in treatment of ABA services - Impact (to Ind64- Professional only) | 0.9%      | (3) = (1)/(2) |

**Small Group**

|  |           |               |
|--|-----------|---------------|
| \$ Impact to Experience Period Allowed PMPM                                      | \$ 3.10   | (4)           |
| Experience Period Allowed PMPM for Professional Services                         | \$ 145.22 | (5)           |
| Changes in treatment of ABA services - Impact (to Small Group Professional only) | 2.1%      | (6) = (4)/(5) |

|  |      |
|--|------|
| Changes in treatment of ABA services - Impact to Professional only (Blended Across Single Risk Pool) | 2.0% |
|--|------|

**5. Demographic Factor Derivation (see page 36 for details)**

|  |      |
|--|------|
| Demographic Impact (Blended Across Single Risk Pool) | 0.8% |
|--|------|

**6. Incentive Program Factor Derivation**

**Ind 64-**

|  |           |
|--|-----------|
| Total Allowed PMPM (with incentive program)  | \$ 434.06 |
| Total Allowed PMPM (without incentive program)   | \$ 443.83 |
| Expected Impact - Applied to all service categories excluding capitation (Ind64- Only) | -2.2%     |

**Small Group**

|   |           |
|---|-----------|
| Total Allowed PMPM (with incentive program)   | \$ 423.73 |
| Total Allowed PMPM (without incentive program)  | \$ 436.83 |
| Expected Impact - Applied to all service categories excluding capitation (Small Group Only) | -3.0%     |

|  |       |
|--|-------|
| Expected Impact - Applied to all service categories excluding capitation (Blended Across Single Risk Pool) | -2.9% |
|--|-------|

\*\* Please see page 38 for the derivation of this PMPM difference.

Note: Blended adjustments are an average of Ind64- and Small Group adjustments, weighted by claims.

Note: Please see pages 32 and 37 for the derivation of the adjustments for induced demand and embedded pediatric dental coverage, both of which are applied under the 'Other' projection factors field in the Allowed PMPM Projection exhibits.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Autism Cost Model**

Average Cost:

|   |       |
|---|-------|
| Assume treatment cost per hour for intensive ABA therapy    | \$47  |
| Assume treatment of \$75 per hour for non-intensive therapy | \$100 |

Children 2-5:  
Children 6-7:  
Children 8-12:  
Children 13-21:

| ABA Therapy hrs/wk | Other Therapy hrs/wk | Hrs/Yr Therapy | Cost Per Year Therapy |
|--------------------|----------------------|----------------|-----------------------|
| 40                 | 0                    | 2080           | 97,400                |
| 15                 | 5                    | 1040           | 62,547                |
| 0                  | 10                   | 520            | 52,043                |
| 0                  | 8                    | 416            | 41,635                |

Utilization:

Assume 1 in every 68 children age 1-21 have Autism or Asperger's. Assume 1 in 3 seek ABA treatment  
children age 2-5 as a % of total population  
children age 6 as a % of total population  
children age 7 as % total population  
children age 8 as % total population  
children age 9-12 as a % of total population  
children age 13-21 as a % of total population

|       |           |               |
|-------|-----------|---------------|
| 0.49% | <b>SG</b> | <b>Ind64-</b> |
| ==>   | 4.7%      | 2.6%          |
| ==>   | 1.1%      | 0.6%          |
|       | 1.1%      | 0.5%          |
|       | 1.2%      | 0.5%          |
| ==>   | 4.4%      | 1.8%          |
| ==>   | 8.6%      | 3.4%          |

Cost PMPM:

|                         | Small Group | Ind64-  |
|-------------------------|-------------|---------|
| Children 2-5:           | \$ 1.89     | \$ 1.03 |
| Children age 6          | \$ 0.29     | \$ 0.15 |
| Children age 7          | \$ 0.29     | \$ 0.13 |
| Children age 8          | \$ 0.26     | \$ 0.10 |
| Children 9-12:          | \$ 0.93     | \$ 0.38 |
| Children 13-21:         | \$ 1.47     | \$ 0.57 |
| Total                   | \$ 5.12     | \$ 2.35 |
| % of Population Pre-ACA | 60.6%       | 50.7%   |
| Adjusted PMPM           | \$ 3.10     | \$ 1.19 |

|                                   | Small Group | Ind64- | Blended     |
|-----------------------------------|-------------|--------|-------------|
| Adjustment (to Professional Only) | 2.1%        | 0.9%   | <b>2.0%</b> |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Demographic Factor Derivation**

|                        |              | Non-Metaled     |                 | Metaled &       |                 | $\Delta$   | Proposed        |                 | $\Delta$   |
|------------------------|--------------|-----------------|-----------------|-----------------|-----------------|------------|-----------------|-----------------|------------|
|                        |              | ACA             | Average         | Non-Metaled     | Average         |            | Members         | Average         |            |
|                        |              | Members         | Age             | Members         | Age             |            | Members         | Age             |            |
|                        |              | <u>12/31/13</u> | <u>12/31/13</u> | <u>12/31/14</u> | <u>12/31/14</u> |            | <u>12/31/16</u> | <u>12/31/16</u> |            |
| Ind 64-                | GHMSI        | 4,067           | 33.5            | 2,329           | 37.3            | 3.8        | 3,161           | 38.5            | 5.0        |
| Small Group            | GHMSI        | 34,141          | 34.0            | 35,863          | 33.9            | (0.0)      | 39,056          | 33.9            | (0.0)      |
| <b>Ind64- &amp; SG</b> | <b>GHMSI</b> | <b>38,208</b>   | <b>33.9</b>     | <b>38,192</b>   | <b>34.1</b>     | <b>0.2</b> | <b>42,217</b>   | <b>34.3</b>     | <b>0.3</b> |

|                        | Average         | Age | Factor *     | Proposed        | Age | Factor *     | $\Delta$ Age  |
|------------------------|-----------------|-----|--------------|-----------------|-----|--------------|---------------|
|                        | Age             |     |              | Age             |     |              |               |
|                        | <u>12/31/13</u> |     |              | <u>12/31/16</u> |     |              | <u>Factor</u> |
| <b>Ind64- &amp; SG</b> | <b>33.9</b>     |     | <b>0.799</b> | <b>34.3</b>     |     | <b>0.806</b> | <b>0.8%</b>   |
|                        | 33.0            |     | 0.790        | 34.0            |     | 0.800        |               |
|                        | 34.0            |     | 0.800        | 35.0            |     | 0.820        |               |

\* From internally developed 4.5:1 age curve.



**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Derivation of Embedded Pediatric Dental Rate**

| #  | Formula                  | Description   | %      | PMPM         |
|----|--------------------------|---|--------|--------------|
| 1  |                          | Base D.C. Dental Allowed PMPM For Members Age 19 and Under, Classes 1 -4    | \$     | 14.64        |
| 2  |                          | Adjustment to D.C. Benchmark Plan (D.C. FEDVIP)                             | -0.71% |              |
| 3  | <b>(3) = (1)*(1+(2))</b> | Adjusted Allowed PMPM Classes 1 - 4   | \$     | 14.54        |
| 4  |                          | Base D.C. Dental Allowed PMPM For Members Age 19 and Under, Class 5 (Ortho) | \$     | 3.25         |
| 5  |                          | Adjustment to D.C. Benchmark Plan   | -40%   |              |
| 6  | <b>(6) = (4)*(1+(5))</b> | Adjusted Allowed PMPM Class 5 (Ortho)                                       | \$     | 1.95         |
| 7  |                          | <b>Estimated Base Period Allowed PMPM Adjusted to D.C. Benchmark</b>        | \$     | <b>16.49</b> |
| 8  |                          | Completion Factor (Incurred 12, Paid 14)                                    |        | 0.982        |
| 9  | <b>(9) = (7)/(8)</b>     | <b>Ultimate Base Period Allowed PMPM Adjusted to D.C. Benchmark</b>         | \$     | <b>16.80</b> |
| 10 |                          | Adjustment to Dental PPO Fee Schedule                                       | 0.908  |              |
| 11 | <b>(11) = (9)*(10)</b>   | Projected Allowed Pediatric PMPM Based On PPO Fee Schedule                  | \$     | 15.25        |
| 12 |                          | % of D.C. Small Group & Individual, Non-Medigap Market Age 19 and Under     | 13.9%  |              |
| 13 | <b>(13) = (11)*(12)</b>  | Projected Allowed Pediatric Dental PMPM Spread Over Single Risk Pool        | \$     | <b>2.12</b>  |
| 14 |                          | Base Period Other Medical PMPM  | \$     | 25.36        |
| 15 |                          | <b>Projection Factor Entered To Adjust Other Medical Category</b>           |        | <b>1.084</b> |
| 16 |                          | <b>Impact on Total Medical and Rx Base Period PMPM</b>                      |        | <b>1.005</b> |

**Notes:**

- Row 1** Allowed PMPM for experience period of 1/1/2014 - 12/31/2014, pd through 2/28/2015 for Classes 1- 4.
- Row 2** Adjustment factor to account for coverage differences between current plans and D.C. Benchmark plan for Classes 1 - 4.
- Row 4** Allowed PMPM for experience period of 01/2014 - 12/2014, pd through 2/28/2015 for Class 5 (Ortho).
- Row 5** Adjustment factor to account for coverage differences between current plans and D.C. Benchmark plan for Class 5 (Ortho), as provided by CareFirst's Dental Network Director. No change to the factor used in the approved 2015 filing.
- Row 10** Adjustment to Preferred plan basis from blended product basis implicit in base experience data.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Vision Embedded in Medical Plan**

**Derivation of Embedded Pediatric Vision Rate**

|  |           |             |
|--|-----------|-------------|
| Small Group Embedded PMPM (Vision Capitation)                                | \$        | 1.25        |
| % of 2014 D.C. Small Group Market in Pre-ACA plans, Age 19 and Under *       |           | 13.9%       |
| <b>Additional Pediatric Vision PMPM Spread Over Small Group Market</b>       | <b>\$</b> | <b>0.17</b> |
| Individual, non-Medigap Embedded PMPM (Vision Capitation)                    | \$        | 1.77        |
| % of D.C. Individual, non-Medigap Market Age 19 and Under                    |           | 8.9%        |
| <b>Pediatric Vision PMPM Spread Over Individual Market</b>                   | <b>\$</b> | <b>0.16</b> |
| <b>Blended EHB Pediatric Vision PMPM Spread Over Entire Single Risk Pool</b> | <b>\$</b> | <b>0.17</b> |

**Derivation of Embedded Adult Vision Rate (Non-EHB, Individual Market Only)**

|  |           |             |
|--|-----------|-------------|
| Individual, non-Medigap Embedded PMPM (Vision Capitation)                    | \$        | 1.16        |
| % of D.C. Individual, non-Medigap Market Over Age 19                         |           | 91.1%       |
| <b>Embedded Adult Vision PMPM Spread Over Individual Market</b>              | <b>\$</b> | <b>1.06</b> |
| <b>Blended Non-EHB Adult Vision PMPM Spread Over Entire Single Risk Pool</b> | <b>\$</b> | <b>0.08</b> |

**Derivation of Projection Factor**

|   |           |               |
|---|-----------|---------------|
| <b>Total Embedded Vision PMPM</b>   | <b>\$</b> | <b>0.25</b>   |
| Experience Period Pre-ACA Core Vision Capitation PMPM Spread Over Entire Single Risk Pool | \$        | 0.30          |
| <b>\$ Change from Experience to Projection Period PMPM</b>                                | <b>\$</b> | <b>(0.05)</b> |

\* This represents the portion of experience period enrollment which is not yet subject to the embedded pediatric vision capitation.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Derivation of Age Calibration Factor**  
**Based on Approved DC Age Factors from 1/1/2015**

|   |              |
|---|--------------|
| Average Age Factor                                      | 1.068        |
| Non-Integer Average Age (Implied by Average Age Factor) | 42.4         |
| <b>Needed Calibration Adjustment</b>                    | <b>0.936</b> |
|   |              |
| Integer Average Age (Implied by Average Age Factor)     | 42.0         |
| Closest Federal Age Factor for Weighted Average Age     | 1.053        |
| <b>Calibration Factor</b>                               | <b>0.950</b> |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Small Group Impact of Expected Differences in Utilization of Services Based on Differences in Cost-Sharing**

The factors below are intended to be multiplicative adjustments to the pure cost-sharing factors derived over the pool.  
These factors represent the expected impact on:

**Total GHMSI Small Group**

|                  | Midpoint AV | Projected Member<br>Months | Utilization Impact<br>Relative to Bronze | Impact Relative<br>to Average ** |
|------------------|-------------|----------------------------|--|----------------------------------|
| Platinum         | 90%         | 260,268                    | <b>1.300</b>                             | 1.142                            |
| Gold             | 80%         | 141,312                    | <b>1.200</b>                             | 1.054                            |
| Silver           | 70%         | 67,092                     | <b>1.150</b>                             | 1.010                            |
| Bronze           | 60%         | 0                          | <b>1.000</b>                             | 0.878                            |
| <b>Subtotal:</b> |             | 468,672                    |  |                                  |
| <b>Average</b>   | 84.1%       |                            | 1.248                                    |                                  |

|              | Impact of Health<br>Savings/Reimbursement Account * | Projected Member<br>Months |
|--------------|---|----------------------------|
| HSA/HRA      | 0.960   | 63,324                     |
| All Other ** | 1.007   | 405,348                    |
| <b>Total</b> | 1.001   | 468,672                    |

\* Historical Small Group HRA rates were approximately 8% higher than HSA rates. For the same person, regardless of health status, the addition of an HRA to a plan induces costs relative to HSA and the addition of an HSA reduces costs. Since current Small Group CDH members are enrolled primarily in HSA plans, we assume an overall impact of -4% for CDH plans.

\*\* Please refer to page 41 for normalization.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Support for Normalization Across Individual (Ind) and Small Group (SG) Markets**

| <b>Metal Level</b> | <b>Market</b> | <b>Initial Factor</b> | <b>Projected MMs</b> | <b>Normalized Factors</b> |
|--------------------|---------------|-----------------------|----------------------|---------------------------|
| <b>Platinum</b>    | SG & Ind      | 1.300                 | 95,336               | 1.142                     |
| <b>Gold</b>        | SG & Ind      | 1.200                 | 148,258              | 1.054                     |
| <b>Silver</b>      | SG & Ind      | 1.150                 | 75,968               | 1.010                     |
| <b>Silver 200</b>  | Ind           | 1.046                 | 386                  | 0.919                     |
| <b>Bronze</b>      | SG & Ind      | 1.000                 | 184,089              | 0.879                     |
| <b>Subtotal:</b>   |               | 1.138                 | 504,037              |                           |

|                  | <b>Market</b> | <b>Initial Factor</b> | <b>Projected MMs</b> | <b>Normalized Factors</b> |
|------------------|---------------|-----------------------|----------------------|---------------------------|
| <b>HSA/HRA</b>   | SG            | 0.960                 | 63,324               | 0.960                     |
| <b>HSA</b>       | Ind           | 0.850                 | 4,438                | 0.850                     |
| <b>Other</b>     | SG & Ind      |                       | 434,796              | 1.007                     |
| <b>Subtotal:</b> |               |                       | 502,558              |                           |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Rating Methodology & Sample Calculation**

**Methodology**

1. For each subscriber in a group, identify:

All dependents associated with the subscriber including the following categories:

Spouse/Domestic Partner

# of children ages 21 or older

# of children ages under 21 (if more than 3, select 3 oldest children)

2. For each subscriber and dependent, identify their age.

3. Determine appropriate age factor.

4. Identify the appropriate consumer level base rate.

5. Multiply the (base rate x age factor) and round to the nearest whole cent to determine the member's individual rate.

6. The group's total rate is the sum of individual rates for all members combined.

**Group ABC**

Selects BlueCross BlueShield Preferred 1000, a Multi-State Plan

**Employee 1**

A spouse, and 1 child

1

0

1

**Employee 2**

5 children

0

1

4

| Subscriber        | Spouse   | Child 1  | Subscriber | Child 1 * | Child 2  | Child 3  | Child 4  | Child 5  |
|-------------------|----------|----------|------------|-----------|----------|----------|----------|----------|
| 46                | 34       | 15       | 52         | 6         | 10       | 13       | 18       | 22       |
| 1.227             | 0.856    | 0.654    | 1.545      |           | 0.654    | 0.654    | 0.654    | 0.727    |
| \$515.59          | \$515.59 | \$515.59 | \$515.59   |           | \$515.59 | \$515.59 | \$515.59 | \$515.59 |
| \$632.63          | \$441.35 | \$337.20 | \$796.59   |           | \$337.20 | \$337.20 | \$337.20 | \$374.83 |
| <b>\$3,594.20</b> |          |          |            |           |          |          |          |          |

\* Note that this subscriber has 4 children under the age of 21. Due to the dependent cap, only the oldest 3 are rated. As such, Child 1 is covered at no additional cost.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Age Factors**

| <b>Age</b>  | <b>Proposed<br/>Factor *</b> |
|-------------|------------------------------|
| <= 20       | 0.654                        |
| 21          | 0.727                        |
| 22          | 0.727                        |
| 23          | 0.727                        |
| 24          | 0.727                        |
| 25          | 0.727                        |
| 26          | 0.727                        |
| 27          | 0.727                        |
| 28          | 0.744                        |
| 29          | 0.760                        |
| 30          | 0.779                        |
| 31          | 0.799                        |
| 32          | 0.817                        |
| 33          | 0.836                        |
| 34          | 0.856                        |
| 35          | 0.876                        |
| 36          | 0.896                        |
| 37          | 0.916                        |
| 38          | 0.927                        |
| 39          | 0.938                        |
| 40          | 0.975                        |
| 41          | 1.013                        |
| 42          | 1.053                        |
| 43          | 1.094                        |
| 44          | 1.137                        |
| 45          | 1.181                        |
| 46          | 1.227                        |
| 47          | 1.275                        |
| 48          | 1.325                        |
| 49          | 1.377                        |
| 50          | 1.431                        |
| 51          | 1.487                        |
| 52          | 1.545                        |
| 53          | 1.605                        |
| 54          | 1.668                        |
| 55          | 1.733                        |
| 56          | 1.801                        |
| 57          | 1.871                        |
| 58          | 1.944                        |
| 59          | 2.020                        |
| 60          | 2.099                        |
| 61          | 2.181                        |
| 62          | 2.181                        |
| 63          | 2.181                        |
| 64 and over | 2.181                        |

\* From approved filing CFAP-129567873, effective 1/1/2015.

# ***APPENDIX***



**CareFirst BlueCross BlueShield (GHMSI)**  
**(NAIC # 53007)**  
**D.C. Small Group Products - On Exchange**  
**Rates Effective 1/1/2016**  
**Non-Grandfathered Experience for Pre-ACA Plans**

**Existing Closed Pre-ACA Products Included in Experience Period**

| <b>HIOS Product ID</b>                  | <b>HIOS Product Name</b> | <b>On/Off<br/>Exchange</b> | <b>Member Months</b> | <b>Total Premium</b>  | <b>Total Allowed Claims *</b> | <b>Incurred Claims<br/>*</b> |
|---|--------------------------|----------------------------|----------------------|-----------------------|-------------------------------|------------------------------|
| 78079DC008                              | BluePreferred            | N/A                        | 255,997              | \$ 123,986,992        | \$ 117,465,158                | \$ 108,091,105               |
| 78079DC010                              | BluePreferred HRA        | N/A                        | 7,853                | \$ 3,423,387          | \$ 3,690,149                  | \$ 3,108,747                 |
| 78079DC009                              | BluePreferred HSA        | N/A                        | 21,239               | \$ 8,637,124          | \$ 8,547,512                  | \$ 7,048,180                 |
| 78079DC015                              | BluePreferred HDHP       | N/A                        | 1,617                | \$ 693,974            | \$ 683,290                    | \$ 554,294                   |
| 78079DC011                              | Indemnity                | N/A                        | 411                  | \$ 271,132            | \$ 216,960                    | \$ 200,583                   |
| <b>Subtotal Termed Non-ACA for URRT</b> |                          |                            | <b>287,117</b>       | <b>\$ 137,012,608</b> | <b>\$ 130,603,069</b>         | <b>\$ 119,002,908</b>        |

\* These amounts do not include pharmacy rebates or capitations.

**CareFirst BlueCross BlueShield (GHMSI)**  
**(NAIC # 53007)**  
**D.C. Small Group Products - On Exchange**  
**Rates Effective 1/1/2016**  
**Non-Grandfathered Experience for ACA Plans**

**Existing ACA Products Included in Experience Period**

| 2014 HIOS Plan ID | 2014 HIOS Plan Name                                     | 2016 HIOS Plan ID * | 2016 HIOS Plan Name   | On/Off Exchange | Contracts a/o Dec 2014 | Member Months  | Total Premium        | Total Allowed Claims *** | Incurred Claims ***  |
|-------------------|---|---------------------|---|-----------------|------------------------|----------------|----------------------|--------------------------|----------------------|
| 78079DC0190001    | BlueCross BlueShield Preferred 2000, A Multi-State Plan | 78079DC0170002      | BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) | On/On           | 2                      | 10             | \$ 6,014             | \$ 1,063                 | \$ 181               |
| 78079DC0230002    | BluePreferred PPO HSA/HRA \$2,000 - SE                  | 78079DC0170002      | BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) | Off/On          | 4                      | 24             | \$ 10,208            | \$ 6,197                 | \$ 624               |
| 78079DC0170001    | BlueCross BlueShield Preferred 1000, A Multi-State Plan | 78079DC0170001      | BlueCross BlueShield Preferred 1000, a Multi-State Plan           | On/On           | 180                    | 3,735          | \$ 1,557,306         | \$ 1,584,027             | \$ 1,346,888         |
| 78079DC0220002    | BluePreferred PPO \$1,000 - SE                          | 78079DC0170001      | BlueCross BlueShield Preferred 1000, a Multi-State Plan           | Off/On          | 31                     | 175            | \$ 60,548            | \$ 103,542               | \$ 84,922            |
| 78079DC0230008    | BluePreferred PPO HSA/HRA \$1,400                       | 78079DC0220022      | BluePreferred PPO HSA/HRA Silver 1500                             | On/On           | 138                    | 2,831          | \$ 1,044,815         | \$ 1,147,915             | \$ 945,528           |
| 78079DC0230001    | BluePreferred PPO HSA/HRA \$1,400                       | 78079DC0220022      | BluePreferred PPO HSA/HRA Silver 1500                             | Off/On          | 1,398                  | 12,108         | \$ 4,984,209         | \$ 4,975,472             | \$ 3,599,436         |
| 78079DC0230003    | BluePreferred PPO HSA/HRA \$4,000                       | 78079DC0220023      | BluePreferred PPO HSA/HRA Silver 2000                             | On/On           | 3                      | 19             | \$ 5,677             | \$ 536                   | \$ 106               |
| 78079DC0230004    | BluePreferred PPO HSA/HRA \$4,000 - SE                  | 78079DC0220023      | BluePreferred PPO HSA/HRA Silver 2000                             | Off/On          | 10                     | 46             | \$ 9,507             | \$ 355                   | \$ 132               |
| 78079DC0230009    | BluePreferred PPO HSA/HRA \$4,500                       | 78079DC0220023      | BluePreferred PPO HSA/HRA Silver 2000                             | On/On           | 5                      | 39             | \$ 11,737            | \$ 1,685                 | \$ 861               |
| 78079DC0230005    | BluePreferred PPO HSA/HRA \$4,500                       | 78079DC0220023      | BluePreferred PPO HSA/HRA Silver 2000                             | Off/On          | 81                     | 281            | \$ 15,771            | \$ 287,464               | \$ 238,638           |
| 78079DC0230010    | BluePreferred PPO HSA/HRA \$2000, 100%/80%              | 78079DC0220023      | BluePreferred PPO HSA/HRA Silver 2000                             | On/On           | 10                     | 101            | \$ 32,146            | \$ 15,470                | \$ 6,037             |
| 78079DC0230006    | BluePreferred PPO HSA/HRA \$2000, 100%/80%              | 78079DC0220023      | BluePreferred PPO HSA/HRA Silver 2000                             | Off/On          | 581                    | 5,380          | \$ 1,857,936         | \$ 1,988,941             | \$ 1,253,405         |
| 78079DC0230011    | BluePreferred PPO HSA/HRA \$1,800                       | 78079DC0220023      | BluePreferred PPO HSA/HRA Silver 2000                             | On/On           | 4                      | 14             | \$ 3,564             | \$ 1,482                 | \$ 579               |
| 78079DC0230007    | BluePreferred PPO HSA/HRA \$1,800                       | 78079DC0220023      | BluePreferred PPO HSA/HRA Silver 2000                             | Off/On          | 46                     | 489            | \$ 160,559           | \$ 272,018               | \$ 209,376           |
| 78079DC0220012    | BluePreferred PPO \$1,000 100%/80%                      | 78079DC0220020      | BluePreferred PPO Gold 1000                                       | On/On           | 2,012                  | 43,394         | \$ 18,518,562        | \$ 21,287,240            | \$ 18,348,239        |
| 78079DC0220008    | BluePreferred PPO \$1,000 100%/80%                      | 78079DC0220020      | BluePreferred PPO Gold 1000                                       | Off/On          | 666                    | 4,149          | \$ 1,507,074         | \$ 2,057,341             | \$ 1,619,766         |
| 78079DC0220006    | BluePreferred PPO \$500                                 | 78079DC0220025      | BluePreferred PPO Platinum 500                                    | On/On           | 56                     | 625            | \$ 253,462           | \$ 274,159               | \$ 250,245           |
| 78079DC0220001    | BluePreferred PPO \$500                                 | 78079DC0220025      | BluePreferred PPO Platinum 500                                    | Off/On          | 3,082                  | 17,976         | \$ 10,054,966        | \$ 8,742,826             | \$ 7,624,382         |
| 78079DC0220016    | BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%        | 78079DC0220024      | BluePreferred PPO Platinum 0                                      | On/On           | 19                     | 145            | \$ 65,903            | \$ 33,631                | \$ 28,116            |
| 78079DC0220017    | BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50% - SE   | 78079DC0220024      | BluePreferred PPO Platinum 0                                      | Off/On          | 17                     | 217            | \$ 120,232           | \$ 151,346               | \$ 141,840           |
| 78079DC0220019    | BluePreferred PPO \$500 \$20/\$30 **                    | 78079DC0220021      | BluePreferred PPO Gold 500  | On/On           | -                      | -              | \$ -                 | \$ -                     | \$ -                 |
| 78079DC0220018    | BluePreferred PPO \$1000 \$30/\$40 **                   | 78079DC0220026      | BluePreferred PPO Silver 1000                                     | On/On           | -                      | -              | \$ -                 | \$ -                     | \$ -                 |
| 78079DC0220007    | BluePreferred PPO \$1,200                               | 78079DC0220031      | BluePreferred PPO Gold 1500                                       | On/On           | 67                     | 984            | \$ 389,705           | \$ 338,433               | \$ 269,752           |
| 78079DC0220003    | BluePreferred PPO \$1,200                               | 78079DC0220031      | BluePreferred PPO Gold 1500                                       | Off/On          | 1,072                  | 8,297          | \$ 4,109,747         | \$ 4,070,164             | \$ 3,232,211         |
| 78079DC0220015    | BluePreferred PPO \$2,000                               | 78079DC0220031      | BluePreferred PPO Gold 1500                                       | On/On           | 152                    | 2,454          | \$ 944,036           | \$ 708,015               | \$ 576,012           |
| 78079DC0220004    | BluePreferred PPO \$2,000                               | 78079DC0220031      | BluePreferred PPO Gold 1500                                       | Off/On          | 513                    | 3,577          | \$ 1,305,833         | \$ 1,023,922             | \$ 782,479           |
| 78079DC0220011    | BluePreferred PPO \$4,500                               | 78079DC0220026      | BluePreferred PPO Silver 1000                                     | On/On           | 1                      | 5              | \$ 1,148             | \$ -                     | \$ -                 |
| 78079DC0220005    | BluePreferred PPO \$4,500                               | 78079DC0220026      | BluePreferred PPO Silver 1000                                     | Off/On          | 79                     | 451            | \$ 199,099           | \$ 254,576               | \$ 180,667           |
| 78079DC0220014    | BluePreferred PPO \$1,000 80%/60%                       | 78079DC0220020      | BluePreferred PPO Gold 1000                                       | On/On           | 351                    | 6,782          | \$ 2,507,821         | \$ 1,839,405             | \$ 1,468,894         |
| 78079DC0220010    | BluePreferred PPO \$1,000 80%/60%                       | 78079DC0220020      | BluePreferred PPO Gold 1000                                       | Off/On          | 207                    | 2,032          | \$ 752,777           | \$ 507,922               | \$ 389,580           |
| 78079DC0220013    | BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%       | 78079DC0220024      | BluePreferred PPO Platinum 0                                      | On/On           | 103                    | 935            | \$ 460,947           | \$ 287,624               | \$ 258,645           |
| 78079DC0220009    | BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%       | 78079DC0220024      | BluePreferred PPO Platinum 0                                      | Off/On          | 6,837                  | 43,525         | \$ 25,352,371        | \$ 21,343,620            | \$ 19,598,292        |
| 78079DC0300005    | HealthyBlue PPO \$300                                   | 78079DC0220030      | HealthyBlue PPO Platinum 500                                      | On/On           | 15                     | 96             | \$ 40,046            | \$ 31,557                | \$ 29,331            |
| 78079DC0300002    | HealthyBlue PPO \$300                                   | 78079DC0220030      | HealthyBlue PPO Platinum 500                                      | Off/On          | 189                    | 963            | \$ 430,167           | \$ 362,222               | \$ 312,935           |
| 78079DC0300006    | HealthyBlue PPO \$600                                   | 78079DC0220029      | HealthyBlue PPO Platinum 1000                                     | On/On           | 7                      | 46             | \$ 32,874            | \$ 6,431                 | \$ 5,606             |
| 78079DC0300003    | HealthyBlue PPO \$600                                   | 78079DC0220029      | HealthyBlue PPO Platinum 1000                                     | Off/On          | 108                    | 539            | \$ 190,750           | \$ 99,656                | \$ 88,459            |
| 78079DC0300004    | HealthyBlue PPO \$1,500                                 | 78079DC0220027      | HealthyBlue PPO Gold 1500   | On/On           | 1,177                  | 20,595         | \$ 7,104,105         | \$ 5,312,482             | \$ 4,610,318         |
| 78079DC0300001    | HealthyBlue PPO \$1,500                                 | 78079DC0220027      | HealthyBlue PPO Gold 1500   | Off/On          | 303                    | 2,104          | \$ 669,745           | \$ 1,178,743             | \$ 1,053,078         |
| 78079DC0310002    | HealthyBlue PPO HSA/HRA \$2,000                         | 78079DC0220028      | HealthyBlue PPO HSA/HRA Silver 2000                               | On/On           | 7                      | 21             | \$ 7,699             | \$ 14,287                | \$ 9,216             |
| 78079DC0310001    | HealthyBlue PPO HSA/HRA \$2,000                         | 78079DC0220028      | HealthyBlue PPO HSA/HRA Silver 2000                               | Off/On          | 150                    | 1,256          | \$ 403,836           | \$ 335,527               | \$ 168,803           |
| <b>Total</b>      |   |                     |   |                 | <b>19,683</b>          | <b>186,420</b> | <b>\$ 85,182,902</b> | <b>\$ 80,647,296</b>     | <b>\$ 68,733,579</b> |

\* Experience for mapped plans will be listed in the URRT under these 2016 HIOS Plan IDs.

\*\* This plan was introduced in 2015. As a result it has no experience in this filing's experience period.

\*\*\* These amounts do not include pharmacy rebates or capitations.

Note: All 2014 Off Exchange plan IDs were Uniformly Modified into the corresponding On Exchange ID for 2015.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**D.C. GHMSI Small Group Experience**  
**Experience Period: 1/1/2014 - 12/31/2014, Paid Through 2/28/2015**

|   | <b>Non-Grandfathered Small Group</b><br>(Used in Base Period Data) |              |                     |
|---|--|--------------|---------------------|
| <b>Service Category</b>                 | <b>Allowed Amount</b>  | <b>Units</b> | <b>Allowed PMPM</b> |
| <b>Inpatient</b>                        | \$ 36,876,896  | 2,257        | \$ 77.88            |
| <b>Outpatient</b>                       | \$ 43,533,634  | 34,973       | \$ 91.93            |
| <b>Professional</b>                     | \$ 68,766,862  | 420,655      | \$ 145.22           |
| <b>Other</b>                            | \$ 11,589,062  | 46,778       | \$ 24.47            |
| <b>Rx *</b>                             | \$ 50,483,911  | 370,964      | \$ 106.61           |
| <b>Capitation</b>                       | \$ 569,621   |              | \$ 1.20             |
| <b>Total (Including Capitations) **</b> | <b>\$ 211,819,986</b>  |              | <b>\$ 447.31</b>    |
| <b>Member Months</b>                    | 473,537  |              |                     |

\* These allowed amounts do not account for pharmacy rebates.

\*\* This total is greater than the combined totals from pages 45 and 46 due to the inclusion of capitations.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Blended Index Rate**

| <b>Effective Date</b> | <b>Index Rate</b> | <b>Total Member<br/>Months</b> |
|-----------------------|-------------------|--------------------------------|
| 1/1/2016              | \$ 522.72         | 96,252                         |
| 4/1/2016              | \$ 531.82         | 39,324                         |
| 7/1/2016              | \$ 541.09         | 89,700                         |
| 10/1/2016             | \$ 550.56         | 243,396                        |
| <b>Blended</b>        | <b>\$ 541.46</b>  | <b>468,672</b>                 |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
**D.C. GHMSI Non-Grandfathered Small Group & Individual Base Experience Medical Inpatient**  
Experience Period: Incurred 201401 - 201412, Paid through 201502

|                        |           |         |              |        |                   | Completed    |        | Rolling 12 PMPM |             |             | Rolling 12 Trend |             |           |         |       |             |
|------------------------|-----------|---------|--------------|--------|-------------------|--------------|--------|-----------------|-------------|-------------|------------------|-------------|-----------|---------|-------|-------------|
| Month                  | Contracts | Members | Allowed      | Admits | Completion Factor | Allowed      | Admits | Allowed         | Admits/1000 | Unit Cost   | Allowed          | Admits/1000 | Unit Cost |         |       |             |
| 201204                 | 21,223    | 37,910  | \$2,181,765  | 163    | 1.00              | \$2,181,765  | 163    |                 |             |             |                  |             |           |         |       |             |
| 201205                 | 21,164    | 37,866  | \$2,651,489  | 190    | 1.00              | \$2,651,489  | 190    |                 |             |             |                  |             |           |         |       |             |
| 201206                 | 21,448    | 38,442  | \$2,353,838  | 163    | 1.00              | \$2,353,838  | 163    |                 |             |             |                  |             |           |         |       |             |
| 201207                 | 21,448    | 38,550  | \$2,703,814  | 194    | 1.00              | \$2,703,814  | 194    |                 |             |             |                  |             |           |         |       |             |
| 201208                 | 21,531    | 38,819  | \$2,594,104  | 165    | 1.00              | \$2,594,104  | 165    |                 |             |             |                  |             |           |         |       |             |
| 201209                 | 21,608    | 38,950  | \$2,215,783  | 182    | 1.00              | \$2,215,783  | 182    |                 |             |             |                  |             |           |         |       |             |
| 201210                 | 21,734    | 39,163  | \$2,725,151  | 205    | 1.00              | \$2,725,151  | 205    |                 |             |             |                  |             |           |         |       |             |
| 201211                 | 21,713    | 39,147  | \$2,787,006  | 185    | 1.00              | \$2,787,006  | 185    |                 |             |             |                  |             |           |         |       |             |
| 201212                 | 21,646    | 39,205  | \$1,943,251  | 167    | 1.00              | \$1,943,251  | 167    |                 |             |             |                  |             |           |         |       |             |
| 201301                 | 21,402    | 38,693  | \$2,571,502  | 191    | 1.00              | \$2,571,502  | 191    |                 |             |             |                  |             |           |         |       |             |
| 201302                 | 21,266    | 38,330  | \$2,316,652  | 155    | 1.00              | \$2,316,652  | 155    |                 |             |             |                  |             |           |         |       |             |
| 201303                 | 21,204    | 38,141  | \$2,299,775  | 176    | 1.00              | \$2,300,189  | 176    |                 |             |             |                  |             |           | \$63.35 | 55.34 | \$13,737.88 |
| 201304                 | 21,200    | 38,093  | \$2,706,146  | 158    | 1.00              | \$2,706,811  | 158    |                 |             |             |                  |             |           | \$64.46 | 55.19 | \$14,016.24 |
| 201305                 | 21,198    | 37,974  | \$2,269,037  | 182    | 1.00              | \$2,269,768  | 182    |                 |             |             |                  |             |           | \$63.62 | 54.97 | \$13,888.87 |
| 201306                 | 21,064    | 37,765  | \$2,618,228  | 182    | 1.00              | \$2,619,227  | 182    |                 |             |             |                  |             |           | \$64.29 | 55.54 | \$13,889.12 |
| 201307                 | 21,058    | 37,791  | \$2,445,537  | 183    | 1.00              | \$2,446,628  | 183    |                 |             |             |                  |             |           | \$63.83 | 55.35 | \$13,839.60 |
| 201308                 | 21,257    | 38,112  | \$2,527,545  | 181    | 1.00              | \$2,528,773  | 181    |                 |             |             |                  |             |           | \$63.79 | 55.85 | \$13,705.50 |
| 201309                 | 21,087    | 37,745  | \$4,260,455  | 167    | 1.00              | \$4,262,569  | 167    |                 |             |             |                  |             |           | \$68.41 | 55.61 | \$14,761.20 |
| 201310                 | 21,121    | 37,766  | \$2,806,086  | 163    | 1.00              | \$2,808,202  | 163    |                 |             |             |                  |             |           | \$68.80 | 54.68 | \$15,096.61 |
| 201311                 | 21,168    | 37,942  | \$2,943,169  | 184    | 1.00              | \$2,945,674  | 184    |                 |             |             |                  |             |           | \$69.32 | 54.81 | \$15,178.63 |
| 201312                 | 21,264    | 38,208  | \$2,862,884  | 181    | 1.00              | \$2,865,452  | 181    |                 |             |             |                  |             |           | \$71.49 | 55.30 | \$15,514.78 |
| 201401                 | 24,850    | 44,008  | \$5,320,702  | 243    | 1.00              | \$5,325,580  | 243    | \$76.63         | 56.02       | \$16,416.42 |                  |             |           |         |       |             |
| 201402                 | 25,039    | 44,351  | \$3,011,214  | 225    | 1.00              | \$3,014,836  | 225    | \$77.14         | 57.10       | \$16,211.85 |                  |             |           |         |       |             |
| 201403                 | 24,893    | 44,058  | \$3,088,838  | 230    | 1.00              | \$3,093,423  | 230    | \$77.85         | 57.76       | \$16,173.58 |                  |             |           | 22.9%   | 4.4%  | 17.7%       |
| 201404                 | 24,744    | 43,879  | \$3,493,126  | 224    | 1.00              | \$3,501,905  | 225    | \$78.57         | 58.73       | \$16,053.93 |                  |             |           | 21.9%   | 6.4%  | 14.5%       |
| 201405                 | 24,773    | 43,903  | \$2,543,925  | 205    | 1.00              | \$2,554,082  | 206    | \$78.20         | 58.60       | \$16,012.96 |                  |             |           | 22.9%   | 6.6%  | 15.3%       |
| 201406                 | 24,685    | 43,842  | \$3,572,730  | 211    | 0.99              | \$3,594,543  | 212    | \$79.21         | 58.61       | \$16,217.56 |                  |             |           | 23.2%   | 5.5%  | 16.8%       |
| 201407                 | 24,295    | 43,134  | \$2,980,046  | 195    | 0.99              | \$3,004,173  | 197    | \$79.48         | 58.31       | \$16,357.71 |                  |             |           | 24.5%   | 5.3%  | 18.2%       |
| 201408                 | 24,024    | 42,778  | \$4,270,440  | 193    | 0.99              | \$4,313,678  | 195    | \$82.30         | 58.10       | \$16,999.10 |                  |             |           | 29.0%   | 4.0%  | 24.0%       |
| 201409                 | 23,656    | 42,159  | \$2,477,927  | 178    | 0.99              | \$2,512,955  | 180    | \$78.13         | 57.91       | \$16,189.84 |                  |             |           | 14.2%   | 4.1%  | 9.7%        |
| 201410                 | 23,242    | 41,463  | \$3,901,150  | 190    | 0.98              | \$3,977,606  | 194    | \$79.85         | 58.21       | \$16,462.84 |                  |             |           | 16.1%   | 6.4%  | 9.0%        |
| 201411                 | 22,955    | 40,889  | \$2,635,156  | 163    | 0.97              | \$2,711,321  | 168    | \$78.94         | 57.49       | \$16,477.63 |                  |             |           | 13.9%   | 4.9%  | 8.6%        |
| 201412                 | 21,579    | 38,192  | \$2,197,614  | 166    | 0.92              | \$2,401,659  | 181    | \$78.04         | 57.50       | \$16,287.23 |                  |             |           | 9.2%    | 4.0%  | 5.0%        |
|                        |           |         |              |        |                   |              |        |                 |             |             |                  |             |           |         |       |             |
| Experience Period      | 288,735   | 512,656 | \$39,492,869 | 2,423  | 0.99              | \$40,005,763 | 2,456  |                 |             |             |                  |             |           |         |       |             |
| 201403                 | 24,893    | 44,058  |              |        |                   |              |        |                 |             |             | 22.9%            | 4.4%        | 17.7%     |         |       |             |
| 201409                 | 23,656    | 42,159  |              |        |                   |              |        |                 |             |             | 14.2%            | 4.1%        | 9.7%      |         |       |             |
| 201412                 | 21,579    | 38,192  |              |        |                   |              |        |                 |             |             | 9.2%             | 4.0%        | 5.0%      |         |       |             |
| Avg last 6 months      | 23,292    | 41,436  |              |        |                   |              |        |                 |             |             | 17.8%            | 4.8%        | 12.4%     |         |       |             |
| Selected Pricing Trend |           |         |              |        |                   |              |        |                 |             |             |                  | 0.0%        | 7.0%      |         |       |             |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
**D.C. GHMSI Non-Grandfathered Small Group & Individual Base Experience Medical Outpatient**  
Experience Period: Incurred 201401 - 201412, Paid through 201502

|                        |           |         |              |        |                   | Completed    |        | Rolling 12 PMPM |             |            | Rolling 12 Trend |             |           |         |        |            |
|------------------------|-----------|---------|--------------|--------|-------------------|--------------|--------|-----------------|-------------|------------|------------------|-------------|-----------|---------|--------|------------|
| Month                  | Contracts | Members | Allowed      | Visits | Completion Factor | Allowed      | Visits | Allowed         | Visits/1000 | Unit Cost  | Allowed          | Visits/1000 | Unit Cost |         |        |            |
| 201204                 | 21,223    | 37,910  | \$2,929,278  | 2,658  | 1.00              | \$2,929,278  | 2,658  |                 |             |            |                  |             |           |         |        |            |
| 201205                 | 21,164    | 37,866  | \$2,828,205  | 2,699  | 1.00              | \$2,828,205  | 2,699  |                 |             |            |                  |             |           |         |        |            |
| 201206                 | 21,448    | 38,442  | \$2,762,369  | 2,597  | 1.00              | \$2,762,369  | 2,597  |                 |             |            |                  |             |           |         |        |            |
| 201207                 | 21,448    | 38,550  | \$2,966,108  | 2,630  | 1.00              | \$2,966,108  | 2,630  |                 |             |            |                  |             |           |         |        |            |
| 201208                 | 21,531    | 38,819  | \$2,961,171  | 2,672  | 1.00              | \$2,961,171  | 2,672  |                 |             |            |                  |             |           |         |        |            |
| 201209                 | 21,608    | 38,950  | \$3,026,648  | 2,526  | 1.00              | \$3,026,648  | 2,526  |                 |             |            |                  |             |           |         |        |            |
| 201210                 | 21,734    | 39,163  | \$3,044,666  | 2,746  | 1.00              | \$3,044,666  | 2,746  |                 |             |            |                  |             |           |         |        |            |
| 201211                 | 21,713    | 39,147  | \$2,795,070  | 2,594  | 1.00              | \$2,795,070  | 2,594  |                 |             |            |                  |             |           |         |        |            |
| 201212                 | 21,646    | 39,205  | \$2,938,922  | 2,551  | 1.00              | \$2,938,922  | 2,551  |                 |             |            |                  |             |           |         |        |            |
| 201301                 | 21,402    | 38,693  | \$3,164,227  | 2,788  | 1.00              | \$3,164,227  | 2,788  |                 |             |            |                  |             |           |         |        |            |
| 201302                 | 21,266    | 38,330  | \$3,019,054  | 2,566  | 1.00              | \$3,019,054  | 2,566  |                 |             |            |                  |             |           |         |        |            |
| 201303                 | 21,204    | 38,141  | \$3,058,900  | 2,691  | 1.00              | \$3,059,450  | 2,691  |                 |             |            |                  |             |           | \$76.63 | 821.69 | \$1,119.07 |
| 201304                 | 21,200    | 38,093  | \$3,124,854  | 2,674  | 1.00              | \$3,125,620  | 2,675  |                 |             |            |                  |             |           | \$77.02 | 821.80 | \$1,124.67 |
| 201305                 | 21,198    | 37,974  | \$3,194,843  | 2,703  | 1.00              | \$3,195,870  | 2,704  |                 |             |            |                  |             |           | \$77.80 | 821.74 | \$1,136.08 |
| 201306                 | 21,064    | 37,765  | \$2,952,267  | 2,542  | 1.00              | \$2,953,396  | 2,543  |                 |             |            |                  |             |           | \$78.32 | 821.54 | \$1,144.05 |
| 201307                 | 21,058    | 37,791  | \$3,358,381  | 2,685  | 1.00              | \$3,359,877  | 2,686  |                 |             |            |                  |             |           | \$79.30 | 824.35 | \$1,154.43 |
| 201308                 | 21,257    | 38,112  | \$3,089,098  | 2,703  | 1.00              | \$3,090,592  | 2,704  |                 |             |            |                  |             |           | \$79.71 | 826.45 | \$1,157.32 |
| 201309                 | 21,087    | 37,745  | \$2,906,369  | 2,549  | 1.00              | \$2,907,814  | 2,550  |                 |             |            |                  |             |           | \$79.66 | 829.25 | \$1,152.70 |
| 201310                 | 21,121    | 37,766  | \$3,356,738  | 2,791  | 1.00              | \$3,359,271  | 2,793  |                 |             |            |                  |             |           | \$80.58 | 833.00 | \$1,160.88 |
| 201311                 | 21,168    | 37,942  | \$2,957,834  | 2,484  | 1.00              | \$2,960,354  | 2,486  |                 |             |            |                  |             |           | \$81.16 | 832.37 | \$1,170.03 |
| 201312                 | 21,264    | 38,208  | \$3,052,435  | 2,737  | 1.00              | \$3,055,153  | 2,739  | \$81.59         | 839.14      | \$1,166.77 |                  |             |           |         |        |            |
| 201401                 | 24,850    | 44,008  | \$3,614,334  | 3,206  | 1.00              | \$3,617,533  | 3,209  | \$81.63         | 840.42      | \$1,165.60 |                  |             |           |         |        |            |
| 201402                 | 25,039    | 44,351  | \$3,563,674  | 2,953  | 1.00              | \$3,567,957  | 2,957  | \$81.76         | 839.62      | \$1,168.46 |                  |             |           |         |        |            |
| 201403                 | 24,893    | 44,058  | \$4,116,015  | 3,139  | 1.00              | \$4,122,075  | 3,144  | \$82.98         | 840.59      | \$1,184.56 |                  |             |           | 8.3%    | 2.3%   | 5.9%       |
| 201404                 | 24,744    | 43,879  | \$3,733,342  | 3,249  | 1.00              | \$3,742,706  | 3,257  | \$83.26         | 845.02      | \$1,182.40 |                  |             |           | 8.1%    | 2.8%   | 5.1%       |
| 201405                 | 24,773    | 43,903  | \$3,589,503  | 3,131  | 1.00              | \$3,604,052  | 3,144  | \$83.09         | 845.57      | \$1,179.13 |                  |             |           | 6.8%    | 2.9%   | 3.8%       |
| 201406                 | 24,685    | 43,842  | \$3,766,699  | 3,112  | 0.99              | \$3,789,567  | 3,131  | \$83.76         | 849.47      | \$1,183.24 |                  |             |           | 6.9%    | 3.4%   | 3.4%       |
| 201407                 | 24,295    | 43,134  | \$4,094,560  | 3,166  | 0.99              | \$4,127,739  | 3,192  | \$84.40         | 852.55      | \$1,188.04 |                  |             |           | 6.4%    | 3.4%   | 2.9%       |
| 201408                 | 24,024    | 42,778  | \$4,002,463  | 2,997  | 0.99              | \$4,043,138  | 3,027  | \$85.52         | 852.35      | \$1,204.00 |                  |             |           | 7.3%    | 3.1%   | 4.0%       |
| 201409                 | 23,656    | 42,159  | \$3,630,755  | 3,158  | 0.99              | \$3,679,963  | 3,201  | \$86.30         | 860.33      | \$1,203.70 |                  |             |           | 8.3%    | 3.7%   | 4.4%       |
| 201410                 | 23,242    | 41,463  | \$4,431,983  | 3,302  | 0.98              | \$4,517,518  | 3,366  | \$87.94         | 867.58      | \$1,216.41 |                  |             |           | 9.1%    | 4.2%   | 4.8%       |
| 201411                 | 22,955    | 40,889  | \$3,807,304  | 2,849  | 0.97              | \$3,920,098  | 2,933  | \$89.31         | 873.07      | \$1,227.55 |                  |             |           | 10.0%   | 4.9%   | 4.9%       |
| 201412                 | 21,579    | 38,192  | \$4,019,478  | 2,857  | 0.92              | \$4,389,769  | 3,128  | \$91.92         | 882.18      | \$1,250.32 |                  |             |           | 12.7%   | 5.1%   | 7.2%       |
|                        |           |         |              |        |                   |              |        |                 |             |            |                  |             |           |         |        |            |
| Experience Period      | 288,735   | 512,656 | \$46,370,111 | 37,119 | 0.98              | \$47,122,116 | 37,688 |                 |             |            |                  |             |           |         |        |            |
| 201403                 | 24,893    | 44,058  |              |        |                   |              |        |                 |             |            |                  | 8.3%        | 2.3%      | 5.9%    |        |            |
| 201409                 | 23,656    | 42,159  |              |        |                   |              |        |                 |             |            |                  | 8.3%        | 3.7%      | 4.4%    |        |            |
| 201412                 | 21,579    | 38,192  |              |        |                   |              |        |                 |             |            |                  | 12.7%       | 5.1%      | 7.2%    |        |            |
| Avg last 6 months      | 23,292    | 41,436  |              |        |                   |              |        |                 |             |            |                  | 9.0%        | 4.1%      | 4.7%    |        |            |
| Selected Pricing Trend |           |         |              |        |                   |              |        |                 |             |            |                  | 3.0%        | 3.5%      |         |        |            |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
**D.C. GHMSI Non-Grandfathered Small Group & Individual Base Experience Medical Professional**  
Experience Period: Incurred 201401 - 201412, Paid through 201502

|                        |           |         |              |         |                   | Completed    |         | Rolling 12 PMPM |             |           | Rolling 12 Trend |             |           |          |           |          |
|------------------------|-----------|---------|--------------|---------|-------------------|--------------|---------|-----------------|-------------|-----------|------------------|-------------|-----------|----------|-----------|----------|
| Month                  | Contracts | Members | Allowed      | Visits  | Completion Factor | Allowed      | Visits  | Allowed         | Visits/1000 | Unit Cost | Allowed          | Visits/1000 | Unit Cost |          |           |          |
| 201204                 | 21,223    | 37,910  | \$4,791,562  | 31,470  | 1.00              | \$4,791,562  | 31,470  |                 |             |           |                  |             |           |          |           |          |
| 201205                 | 21,164    | 37,866  | \$5,293,828  | 34,455  | 1.00              | \$5,293,828  | 34,455  |                 |             |           |                  |             |           |          |           |          |
| 201206                 | 21,448    | 38,442  | \$4,979,990  | 32,030  | 1.00              | \$4,979,990  | 32,030  |                 |             |           |                  |             |           |          |           |          |
| 201207                 | 21,448    | 38,550  | \$4,983,293  | 31,311  | 1.00              | \$4,983,293  | 31,311  |                 |             |           |                  |             |           |          |           |          |
| 201208                 | 21,531    | 38,819  | \$5,102,223  | 33,648  | 1.00              | \$5,102,223  | 33,648  |                 |             |           |                  |             |           |          |           |          |
| 201209                 | 21,608    | 38,950  | \$4,872,213  | 31,017  | 1.00              | \$4,872,213  | 31,017  |                 |             |           |                  |             |           |          |           |          |
| 201210                 | 21,734    | 39,163  | \$5,301,811  | 34,727  | 1.00              | \$5,301,811  | 34,727  |                 |             |           |                  |             |           |          |           |          |
| 201211                 | 21,713    | 39,147  | \$4,958,993  | 32,869  | 1.00              | \$4,958,993  | 32,869  |                 |             |           |                  |             |           |          |           |          |
| 201212                 | 21,646    | 39,205  | \$4,535,888  | 30,186  | 1.00              | \$4,535,888  | 30,186  |                 |             |           |                  |             |           |          |           |          |
| 201301                 | 21,402    | 38,693  | \$5,727,975  | 36,011  | 1.00              | \$5,727,975  | 36,011  |                 |             |           |                  |             |           |          |           |          |
| 201302                 | 21,266    | 38,330  | \$4,973,108  | 31,696  | 1.00              | \$4,973,108  | 31,696  |                 |             |           |                  |             |           |          |           |          |
| 201303                 | 21,204    | 38,141  | \$4,961,344  | 31,596  | 1.00              | \$4,962,236  | 31,602  |                 |             |           |                  |             |           | \$130.57 | 10,129.75 | \$154.68 |
| 201304                 | 21,200    | 38,093  | \$5,519,738  | 34,552  | 1.00              | \$5,521,088  | 34,560  |                 |             |           |                  |             |           | \$132.09 | 10,205.77 | \$155.32 |
| 201305                 | 21,198    | 37,974  | \$5,384,692  | 33,998  | 1.00              | \$5,386,419  | 34,009  |                 |             |           |                  |             |           | \$132.26 | 10,191.85 | \$155.73 |
| 201306                 | 21,064    | 37,765  | \$4,959,486  | 30,920  | 1.00              | \$4,961,384  | 30,932  |                 |             |           |                  |             |           | \$132.42 | 10,178.28 | \$156.12 |
| 201307                 | 21,058    | 37,791  | \$5,263,639  | 32,870  | 1.00              | \$5,265,981  | 32,885  |                 |             |           |                  |             |           | \$133.25 | 10,235.87 | \$156.21 |
| 201308                 | 21,257    | 38,112  | \$5,209,083  | 32,349  | 1.00              | \$5,211,603  | 32,365  |                 |             |           |                  |             |           | \$133.69 | 10,218.17 | \$157.00 |
| 201309                 | 21,087    | 37,745  | \$5,224,295  | 31,821  | 1.00              | \$5,226,903  | 31,837  |                 |             |           |                  |             |           | \$134.81 | 10,266.31 | \$157.57 |
| 201310                 | 21,121    | 37,766  | \$5,856,338  | 37,135  | 1.00              | \$5,860,753  | 37,163  |                 |             |           |                  |             |           | \$136.44 | 10,361.29 | \$158.02 |
| 201311                 | 21,168    | 37,942  | \$5,120,101  | 32,579  | 1.00              | \$5,124,459  | 32,607  |                 |             |           |                  |             |           | \$137.16 | 10,381.70 | \$158.54 |
| 201312                 | 21,264    | 38,208  | \$5,179,463  | 31,830  | 1.00              | \$5,184,078  | 31,858  | \$138.88        | 10,448.33   | \$159.50  |                  |             |           |          |           |          |
| 201401                 | 24,850    | 44,008  | \$6,805,587  | 39,433  | 1.00              | \$6,811,901  | 39,470  | \$139.63        | 10,417.95   | \$160.83  |                  |             |           |          |           |          |
| 201402                 | 25,039    | 44,351  | \$5,864,410  | 35,061  | 1.00              | \$5,871,459  | 35,103  | \$139.75        | 10,371.27   | \$161.70  |                  |             |           |          |           |          |
| 201403                 | 24,893    | 44,058  | \$6,124,041  | 37,261  | 1.00              | \$6,133,066  | 37,316  | \$140.48        | 10,386.47   | \$162.30  |                  |             |           | 7.6%     | 2.5%      | 4.9%     |
| 201404                 | 24,744    | 43,879  | \$6,377,472  | 39,124  | 1.00              | \$6,393,469  | 39,222  | \$140.60        | 10,377.81   | \$162.58  |                  |             |           | 6.4%     | 1.7%      | 4.7%     |
| 201405                 | 24,773    | 43,903  | \$6,286,657  | 38,467  | 1.00              | \$6,312,042  | 38,623  | \$140.79        | 10,365.11   | \$163.00  |                  |             |           | 6.4%     | 1.7%      | 4.7%     |
| 201406                 | 24,685    | 43,842  | \$6,143,915  | 37,632  | 0.99              | \$6,181,319  | 37,861  | \$141.53        | 10,406.12   | \$163.21  |                  |             |           | 6.9%     | 2.2%      | 4.5%     |
| 201407                 | 24,295    | 43,134  | \$6,174,738  | 37,585  | 0.99              | \$6,225,099  | 37,892  | \$141.94        | 10,415.15   | \$163.54  |                  |             |           | 6.5%     | 1.8%      | 4.7%     |
| 201408                 | 24,024    | 42,778  | \$5,853,438  | 34,999  | 0.99              | \$5,912,955  | 35,354  | \$142.02        | 10,389.78   | \$164.03  |                  |             |           | 6.2%     | 1.7%      | 4.5%     |
| 201409                 | 23,656    | 42,159  | \$6,046,889  | 37,629  | 0.99              | \$6,128,391  | 38,135  | \$142.56        | 10,448.50   | \$163.73  |                  |             |           | 5.7%     | 1.8%      | 3.9%     |
| 201410                 | 23,242    | 41,463  | \$6,751,031  | 42,014  | 0.98              | \$6,881,713  | 42,826  | \$143.53        | 10,506.04   | \$163.94  |                  |             |           | 5.2%     | 1.4%      | 3.7%     |
| 201411                 | 22,955    | 40,889  | \$5,217,364  | 33,055  | 0.97              | \$5,371,212  | 34,031  | \$143.18        | 10,478.99   | \$163.97  |                  |             |           | 4.4%     | 0.9%      | 3.4%     |
| 201412                 | 21,579    | 38,192  | \$5,389,093  | 33,496  | 0.91              | \$5,902,050  | 36,690  | \$144.59        | 10,592.43   | \$163.80  |                  |             |           | 4.1%     | 1.4%      | 2.7%     |
| Experience Period      |           |         |              |         |                   |              |         |                 |             |           |                  |             |           |          |           |          |
|                        | 288,735   | 512,656 | \$73,034,635 | 445,756 | 0.99              | \$74,124,676 | 452,523 |                 |             |           |                  |             |           |          |           |          |
| 201403                 | 24,893    | 44,058  |              |         |                   |              |         |                 |             |           |                  |             |           |          |           |          |
| 201409                 | 23,656    | 42,159  |              |         |                   |              |         |                 |             |           |                  |             |           |          |           |          |
| 201412                 | 21,579    | 38,192  |              |         |                   |              |         |                 |             |           |                  |             |           |          |           |          |
| Avg last 6 months      | 23,292    | 41,436  |              |         |                   |              |         |                 |             |           |                  |             |           |          |           |          |
| Selected Pricing Trend |           |         |              |         |                   |              |         |                 |             |           |                  | 1.0%        | 2.5%      |          |           |          |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
**D.C. GHMSI Non-Grandfathered Small Group & Individual Base Experience Medical Other**  
Experience Period: Incurred 201401 - 201412, Paid through 201502

| Month  | Contracts | Members | Allowed     | Services | Completion Factor | Completed   |          | Rolling 12 PMPM |               |           | Rolling 12 Trend |               |           |
|--------|-----------|---------|-------------|----------|-------------------|-------------|----------|-----------------|---------------|-----------|------------------|---------------|-----------|
|        |           |         |             |          |                   | Allowed     | Services | Allowed         | Services/1000 | Unit Cost | Allowed          | Services/1000 | Unit Cost |
| 201204 | 21,223    | 37,910  | \$636,328   | 2,552    | 1.00              | \$636,328   | 2,552    |                 |               |           |                  |               |           |
| 201205 | 21,164    | 37,866  | \$584,118   | 2,634    | 1.00              | \$584,118   | 2,634    |                 |               |           |                  |               |           |
| 201206 | 21,448    | 38,442  | \$560,034   | 2,463    | 1.00              | \$560,034   | 2,463    |                 |               |           |                  |               |           |
| 201207 | 21,448    | 38,550  | \$557,957   | 2,439    | 1.00              | \$557,957   | 2,439    |                 |               |           |                  |               |           |
| 201208 | 21,531    | 38,819  | \$640,409   | 2,697    | 1.00              | \$640,409   | 2,697    |                 |               |           |                  |               |           |
| 201209 | 21,608    | 38,950  | \$573,973   | 2,416    | 1.00              | \$573,973   | 2,416    |                 |               |           |                  |               |           |
| 201210 | 21,734    | 39,163  | \$616,336   | 2,684    | 1.00              | \$616,336   | 2,684    |                 |               |           |                  |               |           |
| 201211 | 21,713    | 39,147  | \$700,203   | 2,773    | 1.00              | \$700,203   | 2,773    |                 |               |           |                  |               |           |
| 201212 | 21,646    | 39,205  | \$720,885   | 2,664    | 1.00              | \$720,885   | 2,664    |                 |               |           |                  |               |           |
| 201301 | 21,402    | 38,693  | \$771,323   | 2,836    | 1.00              | \$771,323   | 2,836    |                 |               |           |                  |               |           |
| 201302 | 21,266    | 38,330  | \$795,384   | 2,765    | 1.00              | \$795,384   | 2,765    |                 |               |           |                  |               |           |
| 201303 | 21,204    | 38,141  | \$712,802   | 2,682    | 1.00              | \$712,930   | 2,682    | \$16.99         | 818.77        | \$249.00  |                  |               |           |
| 201304 | 21,200    | 38,093  | \$792,078   | 2,998    | 1.00              | \$792,271   | 2,999    | \$17.32         | 830.01        | \$250.40  |                  |               |           |
| 201305 | 21,198    | 37,974  | \$721,511   | 3,015    | 1.00              | \$721,742   | 3,016    | \$17.61         | 839.71        | \$251.69  |                  |               |           |
| 201306 | 21,064    | 37,765  | \$668,048   | 2,587    | 1.00              | \$668,304   | 2,588    | \$17.87         | 844.18        | \$254.05  |                  |               |           |
| 201307 | 21,058    | 37,791  | \$866,515   | 2,766    | 1.00              | \$866,900   | 2,767    | \$18.57         | 854.09        | \$260.91  |                  |               |           |
| 201308 | 21,257    | 38,112  | \$948,156   | 2,952    | 1.00              | \$948,615   | 2,953    | \$19.27         | 862.07        | \$268.19  |                  |               |           |
| 201309 | 21,087    | 37,745  | \$864,844   | 2,896    | 1.00              | \$865,278   | 2,897    | \$19.95         | 876.88        | \$273.01  |                  |               |           |
| 201310 | 21,121    | 37,766  | \$943,212   | 3,312    | 1.00              | \$943,923   | 3,315    | \$20.72         | 896.04        | \$277.55  |                  |               |           |
| 201311 | 21,168    | 37,942  | \$845,383   | 2,877    | 1.00              | \$846,101   | 2,879    | \$21.10         | 901.19        | \$280.94  |                  |               |           |
| 201312 | 21,264    | 38,208  | \$960,270   | 2,926    | 1.00              | \$961,129   | 2,929    | \$21.67         | 910.11        | \$285.73  |                  |               |           |
| 201401 | 24,850    | 44,008  | \$921,838   | 3,291    | 1.00              | \$922,691   | 3,294    | \$21.75         | 911.53        | \$286.32  |                  |               |           |
| 201402 | 25,039    | 44,351  | \$914,600   | 3,437    | 1.00              | \$915,704   | 3,441    | \$21.73         | 917.14        | \$284.27  |                  |               |           |
| 201403 | 24,893    | 44,058  | \$1,195,532 | 3,893    | 1.00              | \$1,197,306 | 3,899    | \$22.48         | 936.49        | \$288.02  | 32.3%            | 14.4%         | 15.7%     |
| 201404 | 24,744    | 43,879  | \$1,045,466 | 4,136    | 1.00              | \$1,048,074 | 4,146    | \$22.74         | 953.91        | \$286.06  | 31.3%            | 14.9%         | 14.2%     |
| 201405 | 24,773    | 43,903  | \$1,170,177 | 3,666    | 1.00              | \$1,175,012 | 3,680    | \$23.40         | 958.68        | \$292.84  | 32.8%            | 14.2%         | 16.3%     |
| 201406 | 24,685    | 43,842  | \$1,108,313 | 4,028    | 0.99              | \$1,115,190 | 4,052    | \$24.02         | 982.56        | \$293.30  | 34.4%            | 16.4%         | 15.4%     |
| 201407 | 24,295    | 43,134  | \$1,076,195 | 4,156    | 0.99              | \$1,085,190 | 4,189    | \$24.20         | 1,006.33      | \$288.53  | 30.3%            | 17.8%         | 10.6%     |
| 201408 | 24,024    | 42,778  | \$1,115,139 | 3,783    | 0.99              | \$1,126,825 | 3,820    | \$24.33         | 1,017.71      | \$286.84  | 26.3%            | 18.1%         | 7.0%      |
| 201409 | 23,656    | 42,159  | \$1,122,090 | 4,130    | 0.99              | \$1,137,092 | 4,184    | \$24.65         | 1,039.33      | \$284.62  | 23.6%            | 18.5%         | 4.3%      |
| 201410 | 23,242    | 41,463  | \$1,098,185 | 4,366    | 0.98              | \$1,120,323 | 4,448    | \$24.82         | 1,058.47      | \$281.37  | 19.8%            | 18.1%         | 1.4%      |
| 201411 | 22,955    | 40,889  | \$967,068   | 3,732    | 0.97              | \$996,294   | 3,838    | \$24.97         | 1,074.84      | \$278.76  | 18.3%            | 19.3%         | -0.8%     |
| 201412 | 21,579    | 38,192  | \$1,064,097 | 4,234    | 0.92              | \$1,162,510 | 4,644    | \$25.36         | 1,115.03      | \$272.95  | 17.0%            | 22.5%         | -4.5%     |

|                        |         |         |              |        |      |              |        |  |  |  |       |       |       |
|------------------------|---------|---------|--------------|--------|------|--------------|--------|--|--|--|-------|-------|-------|
| Experience Period      | 288,735 | 512,656 | \$12,798,700 | 46,852 | 0.98 | \$13,002,211 | 47,635 |  |  |  |       |       |       |
| 201403                 | 24,893  | 44,058  |              |        |      |              |        |  |  |  | 32.3% | 14.4% | 15.7% |
| 201409                 | 23,656  | 42,159  |              |        |      |              |        |  |  |  | 23.6% | 18.5% | 4.3%  |
| 201412                 | 21,579  | 38,192  |              |        |      |              |        |  |  |  | 17.0% | 22.5% | -4.5% |
| Avg last 6 months      | 23,292  | 41,436  |              |        |      |              |        |  |  |  | 22.5% | 19.1% | 3.0%  |
| Selected Pricing Trend |         |         |              |        |      |              |        |  |  |  |       | 2.0%  | 4.0%  |



CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
**D.C. GHMSI Non-Grandfathered Small Group & Individual Base Experience Rx**  
Experience Period: Incurred 201401 - 201412, Paid through 201502

|                        |           |         |              |         |                   | Completed    |         | Rolling 12 PMPM |              |           | Rolling 12 Trend |              |           |         |          |          |
|------------------------|-----------|---------|--------------|---------|-------------------|--------------|---------|-----------------|--------------|-----------|------------------|--------------|-----------|---------|----------|----------|
| Month                  | Contracts | Members | Allowed      | Scripts | Completion Factor | Allowed      | Scripts | Allowed         | Scripts/1000 | Unit Cost | Allowed          | Scripts/1000 | Unit Cost |         |          |          |
| 201204                 | 21,223    | 37,910  | \$3,674,750  | 29,762  | 1.00              | \$3,674,750  | 29,762  |                 |              |           |                  |              |           |         |          |          |
| 201205                 | 21,164    | 37,866  | \$3,911,489  | 30,754  | 1.00              | \$3,911,489  | 30,754  |                 |              |           |                  |              |           |         |          |          |
| 201206                 | 21,448    | 38,442  | \$3,449,107  | 29,194  | 1.00              | \$3,449,107  | 29,194  |                 |              |           |                  |              |           |         |          |          |
| 201207                 | 21,448    | 38,550  | \$3,669,375  | 29,816  | 1.00              | \$3,669,375  | 29,816  |                 |              |           |                  |              |           |         |          |          |
| 201208                 | 21,531    | 38,819  | \$3,809,418  | 30,541  | 1.00              | \$3,809,418  | 30,541  |                 |              |           |                  |              |           |         |          |          |
| 201209                 | 21,608    | 38,950  | \$3,494,363  | 28,401  | 1.00              | \$3,494,363  | 28,401  |                 |              |           |                  |              |           |         |          |          |
| 201210                 | 21,734    | 39,163  | \$3,758,496  | 30,461  | 1.00              | \$3,758,496  | 30,461  |                 |              |           |                  |              |           |         |          |          |
| 201211                 | 21,713    | 39,147  | \$3,637,237  | 30,489  | 1.00              | \$3,637,237  | 30,489  |                 |              |           |                  |              |           |         |          |          |
| 201212                 | 21,646    | 39,205  | \$3,914,655  | 31,317  | 1.00              | \$3,914,655  | 31,317  |                 |              |           |                  |              |           |         |          |          |
| 201301                 | 21,402    | 38,693  | \$4,116,082  | 32,677  | 1.00              | \$4,116,082  | 32,677  |                 |              |           |                  |              |           |         |          |          |
| 201302                 | 21,266    | 38,330  | \$3,471,712  | 28,499  | 1.00              | \$3,471,712  | 28,499  |                 |              |           |                  |              |           |         |          |          |
| 201303                 | 21,204    | 38,141  | \$3,924,690  | 30,127  | 1.00              | \$3,924,690  | 30,127  |                 |              |           |                  |              |           | \$96.78 | 9,378.90 | \$123.83 |
| 201304                 | 21,200    | 38,093  | \$3,903,624  | 30,342  | 1.00              | \$3,903,624  | 30,342  | \$97.24         | 9,390.21     | \$124.26  |                  |              |           |         |          |          |
| 201305                 | 21,198    | 37,974  | \$3,931,333  | 30,665  | 1.00              | \$3,931,333  | 30,665  | \$97.26         | 9,385.72     | \$124.35  |                  |              |           |         |          |          |
| 201306                 | 21,064    | 37,765  | \$3,739,998  | 28,331  | 1.00              | \$3,739,998  | 28,331  | \$98.03         | 9,377.08     | \$125.45  |                  |              |           |         |          |          |
| 201307                 | 21,058    | 37,791  | \$4,137,957  | 29,873  | 1.00              | \$4,137,957  | 29,873  | \$99.20         | 9,393.96     | \$126.73  |                  |              |           |         |          |          |
| 201308                 | 21,257    | 38,112  | \$4,070,007  | 28,958  | 1.00              | \$4,070,007  | 28,958  | \$99.92         | 9,367.18     | \$128.01  |                  |              |           |         |          |          |
| 201309                 | 21,087    | 37,745  | \$4,019,341  | 28,053  | 1.00              | \$4,019,341  | 28,053  | \$101.32        | 9,382.64     | \$129.59  |                  |              |           |         |          |          |
| 201310                 | 21,121    | 37,766  | \$4,345,637  | 29,791  | 1.00              | \$4,345,637  | 29,791  | \$102.91        | 9,393.68     | \$131.47  |                  |              |           |         |          |          |
| 201311                 | 21,168    | 37,942  | \$4,013,857  | 27,891  | 1.00              | \$4,013,857  | 27,891  | \$104.01        | 9,350.28     | \$133.48  |                  |              |           |         |          |          |
| 201312                 | 21,264    | 38,208  | \$4,502,945  | 30,468  | 1.00              | \$4,502,945  | 30,468  | \$105.52        | 9,348.39     | \$135.45  |                  |              |           |         |          |          |
| 201401                 | 24,850    | 44,008  | \$4,025,263  | 32,221  | 1.00              | \$4,025,263  | 32,221  | \$104.11        | 9,228.96     | \$135.37  |                  |              |           |         |          |          |
| 201402                 | 25,039    | 44,351  | \$3,903,551  | 30,815  | 1.00              | \$3,903,551  | 30,815  | \$103.69        | 9,169.60     | \$135.70  |                  |              |           |         |          |          |
| 201403                 | 24,893    | 44,058  | \$4,496,683  | 34,293  | 1.00              | \$4,496,683  | 34,293  | \$103.61        | 9,160.60     | \$135.72  |                  |              |           | 7.1%    | -2.3%    | 9.6%     |
| 201404                 | 24,744    | 43,879  | \$4,613,240  | 34,833  | 1.00              | \$4,613,240  | 34,833  | \$103.84        | 9,162.45     | \$135.99  |                  |              |           | 6.8%    | -2.4%    | 9.4%     |
| 201405                 | 24,773    | 43,903  | \$4,784,640  | 35,090  | 1.00              | \$4,784,640  | 35,090  | \$104.33        | 9,159.93     | \$136.67  |                  |              |           | 7.3%    | -2.4%    | 9.9%     |
| 201406                 | 24,685    | 43,842  | \$4,885,239  | 33,858  | 1.00              | \$4,885,239  | 33,858  | \$105.37        | 9,181.62     | \$137.71  |                  |              |           | 7.5%    | -2.1%    | 9.8%     |
| 201407                 | 24,295    | 43,134  | \$5,056,303  | 34,182  | 1.00              | \$5,056,303  | 34,182  | \$106.08        | 9,186.95     | \$138.56  |                  |              |           | 6.9%    | -2.2%    | 9.3%     |
| 201408                 | 24,024    | 42,778  | \$4,529,728  | 32,674  | 1.00              | \$4,529,728  | 32,674  | \$106.01        | 9,190.39     | \$138.42  |                  |              |           | 6.1%    | -1.9%    | 8.1%     |
| 201409                 | 23,656    | 42,159  | \$4,497,494  | 33,052  | 1.00              | \$4,497,494  | 33,052  | \$106.03        | 9,228.77     | \$137.87  |                  |              |           | 4.6%    | -1.6%    | 6.4%     |
| 201410                 | 23,242    | 41,463  | \$4,904,744  | 33,900  | 1.00              | \$4,904,744  | 33,900  | \$106.36        | 9,258.57     | \$137.85  |                  |              |           | 3.3%    | -1.4%    | 4.9%     |
| 201411                 | 22,955    | 40,889  | \$4,372,445  | 31,402  | 1.00              | \$4,372,445  | 31,402  | \$106.45        | 9,287.53     | \$137.54  |                  |              |           | 2.3%    | -0.7%    | 3.0%     |
| 201412                 | 21,579    | 38,192  | \$4,588,768  | 33,447  | 1.00              | \$4,588,768  | 33,447  | \$106.62        | 9,357.55     | \$136.72  |                  |              |           | 1.0%    | 0.1%     | 0.9%     |
|                        |           |         |              |         |                   |              |         |                 |              |           |                  |              |           |         |          |          |
| Experience Period      | 288,735   | 512,656 | \$54,658,099 | 399,767 | 1.00              | \$54,658,099 | 399,767 |                 |              |           |                  |              |           |         |          |          |
|                        |           |         |              |         |                   |              |         |                 |              |           |                  |              |           |         |          |          |
| 201403                 | 24,893    | 44,058  |              |         |                   |              | 7.1%    |                 |              |           |                  |              |           | -2.3%   | 9.6%     |          |
| 201409                 | 23,656    | 42,159  |              |         |                   |              | 4.6%    |                 |              |           |                  |              |           | -1.6%   | 6.4%     |          |
| 201412                 | 21,579    | 38,192  |              |         |                   |              | 1.0%    |                 |              |           |                  |              |           | 0.1%    | 0.9%     |          |
| Avg last 6 months      | 23,292    | 41,436  |              |         |                   |              | 4.1%    | -1.3%           | 5.4%         |           |                  |              |           |         |          |          |
| Selected Pricing Trend |           |         |              |         |                   |              |         |                 |              |           |                  | 0.0%         | 13.0%     |         |          |          |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
**D.C. GHMSI Non-Grandfathered Small Group & Individual Base Experience - Medical and Rx Total**  
Experience Period: Incurred 201401 - 201412, Paid through 201502

|        |           |         |              |                   | Completed    | Rolling 12 PMPM | Rolling 12 Trend |
|--------|-----------|---------|--------------|-------------------|--------------|-----------------|------------------|
| Month  | Contracts | Members | Allowed      | Completion Factor | Allowed      | Allowed         | Allowed          |
| 201204 | 21,223    | 37,910  | \$14,213,684 | 1.00              | \$14,213,684 |                 |                  |
| 201205 | 21,164    | 37,866  | \$15,269,130 | 1.00              | \$15,269,130 |                 |                  |
| 201206 | 21,448    | 38,442  | \$14,105,338 | 1.00              | \$14,105,338 |                 |                  |
| 201207 | 21,448    | 38,550  | \$14,880,547 | 1.00              | \$14,880,547 |                 |                  |
| 201208 | 21,531    | 38,819  | \$15,107,325 | 1.00              | \$15,107,325 |                 |                  |
| 201209 | 21,608    | 38,950  | \$14,182,981 | 1.00              | \$14,182,981 |                 |                  |
| 201210 | 21,734    | 39,163  | \$15,446,460 | 1.00              | \$15,446,460 |                 |                  |
| 201211 | 21,713    | 39,147  | \$14,878,508 | 1.00              | \$14,878,508 |                 |                  |
| 201212 | 21,646    | 39,205  | \$14,053,602 | 1.00              | \$14,053,602 |                 |                  |
| 201301 | 21,402    | 38,693  | \$16,351,109 | 1.00              | \$16,351,109 |                 |                  |
| 201302 | 21,266    | 38,330  | \$14,575,909 | 1.00              | \$14,575,909 |                 |                  |
| 201303 | 21,204    | 38,141  | \$14,957,511 | 1.00              | \$14,959,495 | \$384.32        |                  |
| 201304 | 21,200    | 38,093  | \$16,046,442 | 1.00              | \$16,049,415 | \$388.13        |                  |
| 201305 | 21,198    | 37,974  | \$15,501,417 | 1.00              | \$15,505,132 | \$388.55        |                  |
| 201306 | 21,064    | 37,765  | \$14,938,026 | 1.00              | \$14,942,308 | \$390.93        |                  |
| 201307 | 21,058    | 37,791  | \$16,072,030 | 1.00              | \$16,077,343 | \$394.16        |                  |
| 201308 | 21,257    | 38,112  | \$15,843,888 | 1.00              | \$15,849,589 | \$396.37        |                  |
| 201309 | 21,087    | 37,745  | \$17,275,305 | 1.00              | \$17,281,905 | \$404.14        |                  |
| 201310 | 21,121    | 37,766  | \$17,308,010 | 1.00              | \$17,317,786 | \$409.45        |                  |
| 201311 | 21,168    | 37,942  | \$15,880,344 | 1.00              | \$15,890,445 | \$412.74        |                  |
| 201312 | 21,264    | 38,208  | \$16,557,997 | 1.00              | \$16,568,756 | \$419.15        |                  |
| 201401 | 24,850    | 44,008  | \$20,687,725 | 1.00              | \$20,702,969 | \$423.75        |                  |
| 201402 | 25,039    | 44,351  | \$17,257,450 | 1.00              | \$17,273,507 | \$424.07        |                  |
| 201403 | 24,893    | 44,058  | \$19,021,109 | 1.00              | \$19,042,554 | \$427.39        | 11.2%            |
| 201404 | 24,744    | 43,879  | \$19,262,646 | 1.00              | \$19,299,394 | \$429.01        | 10.5%            |
| 201405 | 24,773    | 43,903  | \$18,374,902 | 1.00              | \$18,429,829 | \$429.79        | 10.6%            |
| 201406 | 24,685    | 43,842  | \$19,476,897 | 1.00              | \$19,565,858 | \$433.88        | 11.0%            |
| 201407 | 24,295    | 43,134  | \$19,381,843 | 0.99              | \$19,498,503 | \$436.10        | 10.6%            |
| 201408 | 24,024    | 42,778  | \$19,771,208 | 0.99              | \$19,926,323 | \$440.17        | 11.1%            |
| 201409 | 23,656    | 42,159  | \$17,775,156 | 0.99              | \$17,955,896 | \$437.67        | 8.3%             |
| 201410 | 23,242    | 41,463  | \$21,087,093 | 0.99              | \$21,401,905 | \$442.51        | 8.1%             |
| 201411 | 22,955    | 40,889  | \$16,999,337 | 0.98              | \$17,371,369 | \$442.85        | 7.3%             |
| 201412 | 21,579    | 38,192  | \$17,259,050 | 0.94              | \$18,444,757 | \$446.52        | 6.5%             |

|                   |         |         |               |      |               |  |       |
|-------------------|---------|---------|---------------|------|---------------|--|-------|
| Experience Period | 288,735 | 512,656 | \$226,354,414 | 0.99 | \$228,912,864 |  |       |
| 201403            | 24,893  | 44,058  |               |      |               |  | 11.2% |
| 201409            | 23,656  | 42,159  |               |      |               |  | 8.3%  |
| 201412            | 21,579  | 38,192  |               |      |               |  | 6.5%  |
| Avg last 6 months | 23,292  | 41,436  |               |      |               |  | 8.6%  |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
**Combined SRP MORBIDITY - DC**

|    | 1                           | 2                        | 3                     | 4            | 5                                    | 6               | 7                          | 8    | 9                                    | 10              | 11                         | 12    | 15              | 16   | 17                    | 18              | 19              | 20                         | 21        | 22   | 23         | 24                    |
|----|-----------------------------|--------------------------|-----------------------|--------------|--------------------------------------|-----------------|----------------------------|------|--------------------------------------|-----------------|----------------------------|-------|-----------------|------|-----------------------|-----------------|-----------------|----------------------------|-----------|------|------------|-----------------------|
|    |                             |                          |                       |              | 2013 Single Risk Pool for 2015 Rates |                 |                            |      | 2014 Single Risk Pool for 2016 Rates |                 |                            |       |                 |      |                       |                 | 2016 FILING     |                            |           |      |            |                       |
|    |                             |                          |                       |              | 2015 Ave.                            | 2013 ALW Claims | 2013 Ratio to CF IND64-ACA |      | 2014 Ave.                            | 2014 ALW Claims | 2014 Ratio to CF IND64-ACA |       | 2/28/15 Members | %    | LifeID Data Available | "Line of Sight" | 2014 ALW Claims | 2014 Ratio to CF IND64-ACA | 2016 Ave. | %    | ALW Claims | Ratio to CF IND64-ACA |
|    | CFI                         |                          |                       |              | Members                              | %               | PMPM                       |      | Members                              | %               | PMPM                       |       | Members         | %    |                       |                 | PMPM            | ACA                        | Members   | %    | PMPM       | ACA                   |
| 1  | CF                          | IND64-ACA/Metaled        | UW, HIPAA, GC, QTC    |              | 7,400                                | 8%              | \$ 289                     | 0.78 | 2,216                                | 3%              | \$434                      | 1.173 | 3,015           | 4%   | 2,367                 | 78%             | \$469           | 1.267                      | 2,412     | 3%   | \$469      | 1.267                 |
| 2  | CF                          | IND64-PPACA/Non-Metaled  |                       |              |                                      |                 |                            |      | 3,239                                | 4%              | \$340                      | 0.920 | 0               |      |                       |                 |                 | 0.000                      | 0         |      |            | 0.000                 |
| 3  |                             | Small Group SRP Subtotal | PPACA/ACA/Congress    |              | 65,300                               | 69%             | \$379                      | 1.02 | 77,464                               | 90%             | \$397                      | 1.073 | 68,624          | 87%  |                       |                 | \$401           | 1.085                      | 61,762    | 78%  | \$401      | 1.085                 |
| 4  |                             |                          |                       |              | 72,700                               | 77%             | \$370                      | 1.00 | 82,920                               | 96%             | \$396                      | 1.070 | 71,639          | 90%  |                       |                 | \$404           | 1.093                      | 64,174    | 81%  | \$404      | 1.093                 |
| 5  |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 6  | CF                          | IND64-                   | GF UW, HIPAA, GC, QTC |              | 1,100                                | 1%              | \$644                      | 1.74 |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 7  |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 10 | CF                          | SG                       |                       |              | 500                                  | 1%              | \$398                      | 1.08 | 437                                  | 1%              | \$540                      | 1.461 | 681             | 1%   | 521                   | 77%             | \$534           | 1.444                      | 715       | 1%   | \$534      | 1.444                 |
| 11 | CF                          | LG                       |                       |              | 2,000                                | 2%              | \$431                      | 1.17 | 158                                  | 0%              | \$551                      | 1.490 | 255             | 0%   | 178                   | 70%             | \$541           | 1.462                      | 268       | 0%   | \$541      | 1.462                 |
| 12 |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 13 | OTHER                       |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 14 | Competitors                 | IND64-                   |                       |              | 4,600                                | 5%              | \$370                      | 1.00 |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 15 | 51-100 FTE                  |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 16 | Congress                    |                          |                       |              | 10,100                               | 11%             | \$324                      | 0.88 |                                      |                 |                            |       |                 |      |                       |                 |                 |                            | 8,624     | 11%  | \$494      | 1.336                 |
| 17 |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 18 | Uninsured                   | FPL 100% - 138%          | \$11,670              | New Entrants | 0                                    | 0%              |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 19 | Uninsured                   | FPL 138% - 200%          | \$16,105              | New Entrants | 0                                    | 0%              |                            |      | 2,841                                | 3%              | \$441                      | 1.192 | 6,608           | 8%   | 2,398                 | 36%             | \$447           | 1.210                      | 8,203     | 10%  | \$447      | 1.210                 |
| 20 | Uninsured                   | FPL 201%+                | \$23,340              | New Entrants | 3,000                                | 3%              | \$363                      | 0.98 |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 21 |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 22 | Other                       |                          |                       |              | 0                                    | 0%              |                            |      | 0                                    | 0%              |                            |       |                 | 0%   |                       |                 |                 | 0.00                       |           | 0%   |            | 0.00                  |
| 23 | TOTAL:                      |                          |                       |              | 94,000                               | 100%            | \$369                      | 1.00 | 86,356                               | 100%            | \$398                      | 1.08  | 79,200          | 100% | 5,464                 | 52%             | \$409           | 1.11                       | 82,000    | 103% | \$420      | 1.135                 |
| 24 | Δ 2016 Rating Factor Impact |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            | 1.054                 |
| 25 | Δ 2016 Premium Impact       |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            | 1.136                 |
| 26 |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 27 | BC                          |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 28 | CF                          | IND64-ACA/Metaled        | UW, HIPAA, GC, QTC    |              | 3,500                                | 8%              | \$ 375                     | 1.17 | 1,488                                | 3%              | \$392                      | 1.229 | 2,077           | 5%   | 1,581                 | 76%             | \$449           | 1.406                      | 1,662     | 4%   | \$449      | 1.406                 |
| 29 | CF                          | IND64-PPACA/Non-Metaled  |                       |              |                                      |                 |                            |      | 1,585                                | 4%              | \$404                      | 1.267 |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 30 |                             | Small Group SRP Subtotal | PPACA/ACA/Congress    |              | 31,600                               | 69%             | \$313                      | 0.98 | 38,003                               | 87%             | \$314                      | 0.983 | 32,674          | 81%  |                       |                 | \$316           | 0.991                      | 29,407    | 70%  | \$316      | 0.991                 |
| 31 |                             |                          |                       |              | 35,100                               | 76%             | \$319                      | 1.00 | 41,076                               | 94%             | \$320                      | 1.003 | 34,751          | 86%  |                       |                 | \$324           | 1.016                      | 31,069    | 74%  | \$324      | 1.016                 |
| 32 |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 33 | CF                          | IND64-                   | GF UW, HIPAA, GC, QTC |              | 100                                  | 0%              | \$556                      | 1.74 |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 34 |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 37 | CF                          | SG                       |                       |              | 200                                  | 0%              | \$343                      | 1.08 | 338                                  | 1%              | \$400                      | 1.254 | 508             | 1%   | 377                   | 74%             | \$432           | 1.354                      | 533       | 1%   | \$432      | 1.354                 |
| 38 | CF                          | LG                       |                       |              | 1,500                                | 3%              | \$372                      | 1.17 | 113                                  | 0%              | \$337                      | 1.057 | 182             | 0%   | 121                   | 67%             | \$321           | 1.005                      | 191       | 0%   | \$321      | 1.005                 |
| 39 |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 40 | OTHER                       |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 41 | Competitors                 | IND64-                   |                       |              | 3,500                                | 8%              | \$319                      | 1.00 |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 42 | 51-100 FTE                  |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 43 | Congress                    |                          |                       |              | 3,400                                | 7%              | \$280                      | 0.88 |                                      |                 |                            |       |                 |      |                       |                 |                 |                            | 4,696     | 11%  | \$428      | 1.342                 |
| 44 |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 45 | Uninsured                   | FPL 100% - 138%          | \$11,670              | New Entrants | 0                                    | 0%              |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 46 | Uninsured                   | FPL 138% - 200%          | \$16,105              | New Entrants | 0                                    | 0%              |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 47 | Uninsured                   | FPL 201%+                | \$23,340              | New Entrants | 2,200                                | 5%              | \$313                      | 0.98 | 2,105                                | 5%              | \$366                      | 1.147 | 5,013           | 12%  | 1,757                 | 35%             | \$382           | 1.196                      | 5,500     | 13%  | \$382      | 1.196                 |
| 48 |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 49 | Other                       |                          |                       |              | 0                                    | 0%              |                            |      | 0                                    | 0%              |                            |       |                 | 0%   |                       |                 |                 | 0.00                       |           | 0%   |            | 0.00                  |
| 50 | TOTAL:                      |                          |                       |              | 46,000                               | 100%            | \$318                      | 1.00 | 43,641                               | 100%            | \$323                      | 1.01  | 40,466          | 100% | 3,836                 | 49%             | \$333           | 1.04                       | 42,000    | 100% | \$345      | 1.080                 |
| 51 | Δ 2016 Rating Factor Impact |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            | 1.068                 |
| 52 | Δ 2016 Premium Impact       |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            | 1.083                 |
| 53 | GHMSI                       |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 54 |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 55 | CF                          | IND64-ACA/Metaled        | UW, HIPAA, GC, QTC    |              | 3,900                                | 8%              | \$ 219                     | 0.52 | 728                                  | 2%              | \$519                      | 1.239 | 938             | 2%   | 786                   | 84%             | \$513           | 1.224                      | 750       | 2%   | \$513      | 1.224                 |
| 56 | CF                          | IND64-PPACA/Non-Metaled  |                       |              |                                      |                 |                            |      | 1,654                                | 4%              | \$279                      | 0.665 |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 57 |                             | Small Group SRP Subtotal | PPACA/ACA/Congress    |              | 33,600                               | 70%             | \$442                      | 1.06 | 39,461                               | 92%             | \$477                      | 1.139 | 35,950          | 93%  |                       |                 | \$478           | 1.142                      | 32,355    | 81%  | \$478      | 1.142                 |
| 58 |                             |                          |                       |              | 37,500                               | 78%             | \$419                      | 1.00 | 41,843                               | 98%             | \$470                      | 1.122 | 36,888          | 95%  |                       |                 | \$479           | 1.144                      | 33,105    | 83%  | \$479      | 1.144                 |
| 59 |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 60 | CF                          | IND64-                   | GF UW, HIPAA, GC, QTC |              | 1,000                                | 2%              | \$729                      | 1.74 |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 61 |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 64 | CF                          | SG                       |                       |              | 300                                  | 1%              | \$451                      | 1.08 | 98                                   | 0%              | \$1,023                    | 2.442 | 173             | 0%   | 144                   | 83%             | \$833           | 1.989                      | 182       | 0%   | \$833      | 1.989                 |
| 65 | CF                          | LG                       |                       |              | 500                                  | 1%              | \$488                      | 1.17 | 45                                   | 0%              | \$1,085                    | 2.590 | 73              | 0%   | 57                    | 78%             | \$1,089         | 2.600                      | 77        | 0%   | \$1,089    | 2.600                 |
| 66 |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 67 | OTHER                       |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 68 | Competitors                 | IND64-                   |                       |              | 1,200                                | 3%              | \$419                      | 1.00 |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 69 | 51-100 FTE                  |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 70 | Congress                    |                          |                       |              | 6,700                                | 14%             | \$367                      | 0.88 |                                      |                 |                            |       |                 |      |                       |                 |                 |                            | 3,928     | 10%  | \$573      | 1.368                 |
| 71 |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 72 | Uninsured                   | FPL 100% - 138%          | \$11,670              | New Entrants | 0                                    | 0%              |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 73 | Uninsured                   | FPL 138% - 200%          | \$16,105              | New Entrants | 0                                    | 0%              |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 74 | Uninsured                   | FPL 201%+                | \$23,340              | New Entrants | 800                                  | 2%              | \$411                      | 0.98 | 737                                  | 2%              | \$655                      | 1.564 | 1,595           | 4%   | 642                   | 40%             | \$654           | 1.561                      | 2,704     | 7%   | \$654      | 1.561                 |
| 75 |                             |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            |                       |
| 76 | Other                       |                          |                       |              | 0                                    | 0%              |                            |      | 0                                    | 0%              |                            |       |                 | 0%   |                       |                 |                 | 0.00                       |           | 0%   |            | 0.00                  |
| 77 | TOTAL:                      |                          |                       |              | 48,000                               | 100%            | \$419                      | 1.00 | 42,726                               | 100%            | \$475                      | 1.13  | 38,734          | 100% | 1,629                 | 59%             | \$489           | 1.17                       | 40,000    | 100% | \$503      | 1.201                 |
| 78 | Δ 2016 Rating Factor Impact |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            | 1.059                 |
| 79 | Δ 2016 Premium Impact       |                          |                       |              |                                      |                 |                            |      |                                      |                 |                            |       |                 |      |                       |                 |                 |                            |           |      |            | 1.201                 |

**CareFirst BlueCross BlueShield (BlueChoice)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**BluePreferred Projected Morbidity**

| 2016 Change in Morbidity Projection |                    |  |             |                 |                      |                   |
|-------------------------------------|--------------------|--|-------------|-----------------|----------------------|-------------------|
|                                     |                    |  | 2014 Actual |                 | 2016 Projected       |                   |
|                                     |                    |  | Risk Score  | Average Members | Projected Risk Score | Projected Members |
| IND64-                              | ACA/Metaled        |  | 1.24        | 728             | 1.22                 | 750               |
| IND64-                              | PPACA/Non-Metaled  |  | 0.67        | 1,654           | 0.00                 | 0                 |
| Small Group                         | PPACA/ACA/Congress |  | 1.14        | 39,461          | 1.14                 | 32,355            |
| Small Group                         |                    |  | 2.44        | 98              | 1.99                 | 182               |
| Large Group                         |                    |  | 2.59        | 45              | 2.60                 | 77                |
| Other                               | 51-100 FTE         |  |             |                 | 1.37                 | 3,928             |
| Congress                            |                    |  |             |                 |                      |                   |
| FPL 201%+                           | Uninsured          |  | 1.56        | 737             | 1.56                 | 2,704             |
| <b>Grand Total Single Risk Pool</b> |                    |  | <b>1.13</b> | <b>42,726</b>   | <b>1.20</b>          | <b>40,000</b>     |
|                                     |                    |  |             |                 |                      | <b>5.9%</b>       |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**DC ACA Combined - Small Group & Individual Capitations**

| <u>GHMSI</u> | <u>Description</u>           | <u>1/1/14 PMPM</u> | <u>1/1/15 PMPM</u> | <u>1/1/16 PMPM</u> |
|--------------|------------------------------|--------------------|--------------------|--------------------|
|              | Mental Health UR             | \$0.62             | \$0.45             | \$0.37             |
|              | Nurse Hotline                | \$0.04             | \$0.04             | \$0.04             |
|              | Wellness *                   | \$0.21             | \$0.21             | \$0.21             |
|              | Embedded Pediatric Vision ** | \$0.27             | \$0.27             | \$0.27             |
|              | Embedded Adult Vision ***    | \$0.10             | \$0.10             | \$0.10             |
|              |                              | \$1.24             | \$1.08             | \$0.99             |

\* The total capitation for Wellness is \$0.26, but only applies to members age 18+.

\*\* Only applies to members age 19 and under.

\*\*\* Ind64- only and only applies to members over the age of 19.

**CAREFIRST BLUECROSS BLUESHIELD**  
**PART III ACTUARIAL MEMORANDUM**

**1. REDACTED ACTUARIAL MEMORANDUM (AM):** CareFirst (CF) is making no redactions so both AM submissions are the same.

**2. GENERAL INFORMATION:**

**Company Legal Name:** Group Hospitalization and Medical Services, Inc. (NAIC # 53007) (GHMSI).

**State:** District of Columbia.

**HIOS Issuer ID:** 78079.

**Market:** Small Group (SG) – On Exchange.

**Effective Date:** 1/1/16 and quarterly incremental “trend” increases effective 4/1/16, 7/1/16 and 10/1/16.

**Primary Contact Name:** Mr. Dwayne Lucado, F.S.A., M.A.A.A.

**Primary Contact Telephone Number:** 410-998-7519.

**Primary Contact E-Mail Address:** Dwayne.Lucado@CareFirst.com.

**3. PROPOSED RATE INCREASE(S):** GHMSI is proposing to raise premiums by 15.2% on average for 1Q16, prior to age band changes. Without risk adjustment, this GHMSI renewal would have been approximately 25.2%. Without a merged index rate (Individual Non-Medigap (INM) and SG), this 15.2% renewal would have been approximately 11.4% (3.8 points lower) due to the dominance of the SG business (with typically higher index rate than INM products) in the merged pool. (For CF overall (including SG HMO business) the proposed average renewal is 10.4%.) The range for GHMSI is 1.9% to 24.3% for 1Q16. For renewing customers, an age band change adds 2.6% to the renewal, on average, with a range of 0.0% to 3.9% for ages 22 and upwards per the DC age curve. The estimated average renewals for 2Q16, 3Q16, and 4Q16 will be 15.4%, 15.5% and 15.6%, respectively. Consistent with 45 CFR Part § 155.705(b)(6) and Market Standards Proposed Rules 78 FR 13406 and 37032, we understand that we may subsequently file for changes to the post-1Q16 quarterly rate changes proposed herein if deemed necessary. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaleed benefit plans.

**Reason for Rate Increase(s):** The main driver of the 2016 rate increase is the actual claims experience of the 2014 single risk pool (SRP) that documents a morbidity risk factor that is higher than assumed in the approved 2015 rates. An analysis of the membership composition as of February 2015 indicates that the percentage of the pool that was previously medically underwritten has declined significantly. Additionally, the morbidity of the new SGs size 51-100 that migrate to the SG pool is projected to be higher than the morbidity of existing SGs. Both of these shifts in the enrollment composition produce a morbidity estimate that is materially higher than the 2014 actual morbidity risk factor and the 2015 rate filing assumption. In addition, medical cost and utilization trends also impact the rate increases. The range of the renewals is driven heavily by the impact of changes in member cost-sharing resulting from the mapping of 2015 plans to our proposed 2016 plans.

**4. MARKET EXPERIENCE:**

**4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS:** The incurred period is 1/1/14 through 12/31/14, as required.

**Paid Through Date:** 2/28/15.

**Premiums (Net of MLR Rebate) in Experience Period:** \$233,946,407 (Merged).

**Allowed and Incurred Claims From Experience Period:** \$224,217,593 (Merged Index Rate).

**4.2 - BENEFIT CATEGORIES:**

Inpatient (hospital).

Outpatient (hospital) (OP).

Professional.

Other Medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other).

Prescription drug (Rx).  
Capitations.

#### 4.3 - PROJECTION FACTORS:

**Changes in the Morbidity of the Population Insured:** The morbidity risk factor projections are based upon 2014 known age-normalized allowed claims costs per member per month (PMPM), projected for various categories of the estimated 2016 membership. These categories are based upon the prior status of the members in the 2013 year – previous CF members (medically underwritten Individual PPACA experience, ACA experience for those previously underwritten members who chose an ACA product, SG, large group), and Other new entrants (either previously uninsured or previously insured with a competitor). The risk factor for each category is expressed in terms of age-normalized allowed claims PMPM cost, and is calculated by comparing the PMPM claims cost by category to the 2013 GHMSI INM membership PMPM cost.

In projecting the 2016 SRP, we examined 2014 claims-based experience by categories described above of only the cohort as of 2/28/15. This cohort represented 79,200 CF members (including HMO business) and we had empirical data for ~89% of them. The exact risk scores for this cohort were used for 2016, neither worsening nor improving. The enrollment of each cohort was projected by looking at the actual membership distribution as of 2/28/15 and making projections that the previously underwritten cohorts would decline an additional 10% while the SG cohort would grow by approximately 15% because of the expansion to groups of size 51-100 employees. Although the DISB Bulletin 15-IB-05-04/28 released 4/28/15 allows 51-100 groups to renew their current policies through policy years beginning on or before 10/1/16, we still expect some migration. We have assumed 50% of those eligible will migrate with relatively worse morbidity.

**Changes in Benefits:** For 2016 we have redesigned our SG portfolio. These new designs include cost-sharing elements that differ for some services based on the setting in which care is delivered (called “Site of Service”). For example, members seeking imaging services in a freestanding facility will have lower cost-sharing than those seeking similar treatment in a hospital setting. This is done in order to encourage members to seek treatment in the most efficient setting. Our 2015 plans will be uniformly modified into the 2016 plans based on the mapping included in this filing. The changes to our plan designs have been accounted for in each specific plan level cost-share factor.

The projected induced demand of our 2016 portfolio is materially lower than that of the 2014 base period. As such we are including an adjustment to projected allowed costs to account for the expected utilization impact due to projected “leaner” benefits. A detailed exhibit to support this induced demand adjustment is included in the AM.

Related to autism benefits, per the “Better Prices, Better Quality, Better Choices for Health Coverage Amendment Act of 2013” passed on 6/4/13 (D.C. Official Code § 31-3171.01, et seq.) we have calculated an increase in claims PMPM of \$1.19 for INM and \$3.10 for SG PMPM for 2016 over 2014. This is largely for “Applied Behavioral Analysis” (ABA) treatments and is a D.C.-mandated benefit.

Attached exhibits detail adjustments for pediatric dental, pediatric vision, and a change in our mandatory generic policy.

**Changes in Demographics:** Comparing the overall GHMSI member-level age as of 12/31/13 to 12/31/14, we have seen an increase of 0.2 years from 33.9 to 34.1. For INM GHMSI, the average age increased by 3.8 years from 33.5 to 37.3.

Age factors will account for a portion of the corresponding increase in claims cost. We find the CMS age curve spread of “3 to 1” to be lower than the “4.5 to 1” that is more correlated with expected claims costs. We have therefore adjusted expected claims costs accordingly in the experience period (EP) index rate projection, through the use of ‘Other’ projection factors.

**Other Adjustments:** Started in 2015, CF is continuing its incentive program, called BlueRewards, whereby members earn medical expense debit cards of as much as \$450 annually, for an individual

(\$1,050 for a family). In the group market, the \$450 amount includes an additional wellness benefit of as much as \$100 annually for an individual (\$250 for a family). These amounts are increases from last year. The cards must be utilized for qualified medical expenses such as deductibles, copays and out-of-pocket maximums. The scope includes all benefit plans within CF's portfolio, on and off the exchange. This is being done in a revenue-neutral way. That is, the cost to CF of the incentive payments was chosen such that it matches the expected savings to CF from more efficacious health care delivery. The savings has been incorporated in the "Other" projection factors when developing the index rate. The cost of the incentive has been included as a retention item in the build-up of our desired incurred claims ratio. Our aim is that this incentive program will improve our members' health.

This calculation also includes the following:

1. A decrease to prescription drug claims costs due to an increase in rebates realized by the move to a new "Pharmacy Benefits Manager" (PBM) in 2014.
2. A shift in costs associated with case management of behavioral health, which was a capitated service in 2014 but will instead be processed as a professional claim going forward.

**Trend Factors (Cost/Utilization):** The proposed trend of 7.0% is the same as 2015's 7.0%.

**4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT:** Not applicable.

**4.5 - CREDIBILITY OF EXPERIENCE:** The calendar 2014 base data includes 512,656 members months (average monthly of 42,721) and is therefore considered 100% credible.

**4.6 - PAID TO ALLOWED RATIO:** Projected at 92.4%, on average, for all quarters.

**4.7 - RISK ADJUSTMENT AND REINSURANCE:**

**Experience Period Risk Adjustment and Reinsurance Adjustments PMPM:** The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. Since this is a SG filing Reinsurance Claims Adjustments do not apply.

**Projected Risk Adjustments PMPM:** -\$42 PMPM for 1Q16. This is based on an analysis of the market by Wakely Consulting Group. Wakely provided CF's normalized risk scores for its legal entities, which were used to develop a projected transfer receipt as a percentage of premium. We converted this to a percentage of our projected index rate for each quarter of 2016 to translate the estimated receipt into a PMPM. A risk transfer receipt has been shown on our exhibit demonstrating MLR compliance. Wakely's method isolated the experience of all non-grandfathered (ACA and PPACA) members for all of 2014.

**Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only):** Since this is a SG filing, reinsurance recoveries do not apply. The reinsurance premium for 2016 is \$2.25 PMPM, plus an additional administrative fee of \$0.17 PMPY.

**4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK:** The "desired incurred claims ratio" (DICR) has changed from 75.7% (4Q 2015) to 74.7% (1Q 2016).

**Administrative Expense Load:** Administrative Expense and Broker Commissions and Fees PMPMs increased by a composite 9.5% versus 2015.

**Contribution to Reserve & Risk Margin:** 4.0% prior to income taxes.

**Taxes and Fees:**

- 1) Premium Tax of 2.0%.
- 2) Federal Income Tax (FIT) of 0.8% (20% tax rate).
- 3) Health Insurer Fee of 2.6%, considering non-deductibility for tax purposes.
- 4) PCORI increased from \$2.11 PMPY to \$2.25 PMPY for 1Q – 3Q 2016 and \$2.34 for 4Q 2016.
- 5) Reinsurance Payments decreased from \$2.63 PMPM for 4Q 2015 to \$2.25 PMPM for 2016.
- 6) Reinsurance Administrative Fee is \$0.17 PMPY.



- 7) Risk Adjustment User Fees are \$0.15 PMPM.
- 8) Exchange User Fees remained at \$0.
- 9) Exchange Assessment Fee of 1.0% for 2016 per the "Health Benefit Exchange Authority Financial Sustainability Emergency Amendment Act of 2014" (D.C. Act 20-329) approved on 5/22/14. In addition, there is also a state assessment fee of 0.1%.

**5. PROJECTED LOSS RATIO:** Our projected loss ratio for ACA MLR rebate purposes is 82.0%, meeting the 80.0% minimum of the "Public Health Service Act" (PHSA) 218. Please note that this is based on the combined experience of INM and SG.

## **6. APPLICATION OF MARKET REFORM RATING RULES:**

**6.1 - SINGLE RISK POOL (SRP):** Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d). This encompasses INM Open Enrollment, HIPAA, Group Conversion, and formerly medically underwritten coverages as well as SGs.

**6.2 - INDEX RATE:** Last year's implicit 2014 index rate was \$440.45 ((\$413.02 EP allowed claims PMPM - \$1.38 Non-EHB) x trend of 7.0%). As shown on Worksheet 1 of the URRT, the actual index rate for 2014 is \$434 for a favorable variance of -1%.

After applying projection factors, the allowed claims PMPM for 1Q16 is \$525.79. This includes projected claims for non-EHBs, estimated at \$3.07 PMPM. The proposed 1Q16 index rate is \$522.72.

**6.2.1 - Small Group Quarterly Rate Filings:** This filing includes quarterly incremental "trend" increases. Index rates are \$531.82, \$541.09 and \$550.56 for 2Q, 3Q and 4Q16, respectively. As required, the index rate entered in the URRT reflects a member weighted blend of the quarterly index rates.

### **6.3 - MARKET ADJUSTED INDEX RATE:**

**Federal Reinsurance Program Adjustment:** 1.0043 for 1Q16, reflecting the reinsurance contribution and administrative fee.

**Risk Adjustment:** 0.9206 for 1Q16. A summary exhibit is provided.

**Marketplace User Fee Adjustment:** 1.0000. A summary exhibit is provided.

**6.4 - PLAN ADJUSTED INDEX RATES:** The Cost-Share factor includes 1) internally-developed pricing AVs, 2) CDH/Non-CDH induced demand and 3) metal-level induced demand. Regarding the second item, as discussed in the past, we maintain that this factor is allowable under 45 C.F.R. § 156.80 for the same reason that the third item is allowed. There is only 1 type of network in this filing, Regional Preferred Network (RPN), which is assigned a network factor of 1.00. Cost-Share factors and Non-EHBs vary by plan. All other factors applying to the Index Rate are the same across all plans.

**6.5 - CALIBRATION:** Done for age, but we have elected not to rate for tobacco usage. Geographic rating does not apply, as D.C. has only one rating area.

**Age Curve Calibration** – We have calibrated to an average age of 42 from the DC age curve.

**6.6 - CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT:** A sample group rate development is included in this filing.

**SG Plan Premium Rates** – Our rates are developed from base experience for quarterly trend increases as shown on the allowed PMPM projection exhibits in the filing. We also include the derivation of quarterly Plan Adjusted Index and Consumer Level Base rates.

## **7. PLAN PRODUCT INFORMATION:**

**7.1 - HHS ACTUARIAL METAL VALUES (AV):** The majority of our 2016 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The Federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 2/3 of the designated

services are rendered in higher cost-share setting and the remaining 1/3 at the lower, consistent with 2014 experience for our SG and INM markets. Plans without these features used the AV calculator without modification.

Printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

**7.2 - AV PRICING VALUES:** The breakdown of the AV Pricing values is shown on the Plan Level derivation pages.

**7.3 - MEMBERSHIP PROJECTIONS:** Projected enrollment is based on actual enrollment by plan as of 2/28/15. Final 2016 plan-level enrollment results from the underlying mapping of our 2015 plans into the proposed 2016 plan designs, as well as an adjustment for the expansion of SG to include groups with up to 100 employees.

**7.4 - TERMINATED PLANS AND PRODUCTS:** A listing of all terminated non-SRP plans, and SRP plans being uniformly modified is included in the AM.

**7.5 - PLAN TYPE:** PPO.

**7.6 - WARNING ALERTS:**

**1. Worksheet 1, Section I & II**

- a. **Allowed Claims PMPM** – A warning is triggered on Worksheet 1 which says "WARNING – Wksh 1 – Market Experience Total PMPM (Cell H30) is not equal to Allowed Claims (Cell G16)." Per URRT instructions, cell G16 reflects the experience period allowed claims PMPM adjusted for risk transfers. Cell H30 is a worksheet-computed PMPM that is derived from actual experience period utilization and cost statistics by service category and does not reflect risk adjustment. As such, we do not believe these two cells should be equal.

**2. Worksheet 2**

- a. **General:** Per the District's instructions, the index rate was developed with combined SG/INM experience which is entered on Worksheet 1 of the URRT, but the plan level rates were developed separately as the markets are remaining separate from the Federal perspective. Therefore, Worksheet 2 has only the SG market's plan data, and most of the warnings have been triggered because the SG totals on Worksheet 2 are less than the combined SG/INM totals on Worksheet 1.
- b. **Section III: Plan Adjusted Index Rate, Total Premium (TP)** – Per URRT guidelines, the Plan Adjusted Index Rate should reflect zero for terminated non-SRP compliant plans. These plans represent approximately 61% of 2014 SG member months. Since the Premium PMPM (net of MLR Rebate) in Experience Period field shown on Worksheet 1 is inclusive of all 2014 non-grandfathered members in this market (including those in non-SRP compliant plans), it will not match the average Plan Adjusted Index Rate PMPM. Similarly, since the Total Premium on Worksheet 2 is calculated as Plan Adjusted Index Rate x Member Months, it will not match the Premium (net of MLR Rebate) in Experience Period field from Worksheet 1.
- c. **Section IV: Plan Adjusted Index Rate, Total Premium (TP)** – Per URRT guidelines, the Plan Adjusted Index Rate must reflect the member weighted average of the Plan Adjusted Index Rates for all effective dates in the submission (1Q – 4Q16). As such, the average rate shown on Worksheet 2 will not match the SRP Gross Premium Avg. Rate on Worksheet 1, which reflects only the effective date of the change in Index Rate (January 1). Similarly, since the Total Premium on Worksheet 2 is calculated as Plan Adjusted Index Rate x Member Months, it will not match the Projected Period Total Premium from Worksheet 1.

**8. MISCELLANEOUS INSTRUCTIONS:**

**8.1 – Effective Rate Review Information:** We have nothing additional to provide.

**8.2 - Reliance:** Risk adjustment analyses were provided to us by Wakely Consulting Group.

**8.3 – Actuarial Certification:** Included in the AM.

**Group Hospitalization & Medical Services, Inc. (GHMSI)  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 53007)**

**Rate Filing # 2034  
D.C. Small Group Products - On Exchange  
Rate Filing Effective 1/1/2016**

**Actuarial Memorandum**

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

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**Group Hospitalization & Medical Services, Inc. (GHMSI)**  
**(NAIC # 53007)**  
**D.C. Small Group Products - On Exchange**  
**Rates Effective 1/1/2016**

**Form Numbers**

**Form Numbers Associated With This Filing:**

This list contains the applicable forms for the new and renewing products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows: CFBC-130004662

| <b>ON Exchange</b>   |  |   |
|--|--|---|
| <b>Forms Used for ALL ON-Exchange GHMSI Group Products</b> | <b>Product: BluePreferred</b>            | <b>Product: BluePreferred Multi-State Plans</b> |
|  | <b>Network: Regional Preferred (RPN)</b> | <b>Network: Regional Preferred (RPN)</b>        |
| DC/GHMSI/DOL APPEAL (R. 11/11)                             | DC/CF/SHOP/GC (1/14)                     | DC/CF/MSP/EOC (1/14)                            |
| DC/CF/SHOP/EXC/DOCS (1/14)                                 | DC/CF/SHOP/EOC (1/14)                    | DC/CF/MSP/GC (1/14)                             |
| DC/CF/SHOP/ELIG (1/14)                                     | DC/CF/SG/BP PPO CDH/SIL 1500 (1/16)      | DC/CF/MSP APPEAL (1/14)                         |
| DC/GHMSI/FAM PLAN (8/12)                                   | DC/CF/SG/BP PPO CDH/SIL 2000 (1/16)      | DC/CF/SG/MSP PPO/CDH SIL 2000 (1/16)            |
| DC/CF/PARTNER (R. 7/09)                                    | DC/CF/SG/BP PPO/GOLD 500 (1/16)          | DC/CF/SG/MSP PPO/GOLD 1000 (1/16)               |
| DC/CF/BLCRD (1/12)   | DC/CF/SG/BP PPO/GOLD 1000 (1/16)         |   |
| DC/CF/MEM/BLCRD (1/12)                                     | DC/CF/SG/BP PPO/GOLD 1500 (1/16)         |   |
| DC/CF/ANCILLARY AMEND (10/12)                              | DC/CF/SG/BP PPO/PLAT 0 (1/16)            | <b>Product: HealthyBlue PPO</b>                 |
| DC/CF/PT PROTECT (9/10)                                    | DC/CF/SG/BP PPO/PLAT 500 (1/16)          | <b>Network: Regional Preferred (RPN)</b>        |
| DC/GHMSI-HEALTH GUARANTEE 1/15                             | DC/CF/SG/BP PPO/SIL 1000 (1/16)          | DC/CF/SHOP/GC (1/14)                            |
| DC/CF/SHOP/2015 GC AMEND (1/15)                            |  | DC/CF/SHOP/EOC (1/14)                           |
| DC/CF/SHOP 2016 AMEND (1/16)                               |  | DC/CF/SG/HB PPO/CDH SIL 2000 (1/16)             |
| DC/CF/SG/INCENT (1/16)                                     |  | DC/CF/SG/HB PPO/GOLD 1500 (1/16)                |
|  |  | DC/CF/SG/HB PPO/PLAT 500 (1/16)                 |
|  |  | DC/CF/SG/HB PPO/PLAT 1000 (1/16)                |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

| <b>Acronym</b> | <b>Definition</b>  |
|----------------|--|
| SHOP           | Small Business Health Options Program                        |
| CF, CFI        | CareFirst, Incorporated                                      |
| BC, CFBC       | CareFirst BlueChoice, Inc.                                   |
| GHMSI          | Group Hospitalization and Medical Services, Inc.             |
| SG             | Small Group  |
| IND64-, INM    | Individual, Non-Medigap                                      |
| CD             | Consumer Direct (Individual, Non-Medigap)                    |
| PPACA          | Patient Protection and Affordable Care Act                   |
| AV             | Actuarial Value  |
| EHB            | Essential Health Benefits                                    |
| FPL            | Federal Poverty Level  |
| FIT            | Federal Income Tax   |
| SIT            | State Income Tax   |
| GF             | Grandfathered  |
| FTE            | Full-time Equivalent   |
| HIPAA          | Health Insurance Portability and Accountability Act          |
| RBC            | Risk-based Capital   |
| SRP            | Single Risk Pool   |
| UW             | Underwritten   |
| Med            | Medical  |
| Rx             | Prescription Drugs   |
| CDH            | Consumer Driven Health                                       |
| Non-CDH        | Non-Consumer Driven Health                                   |
| HSA            | Health Savings Account                                       |
| HRA            | Health Reimbursement Account                                 |
| HDHP           | High Deductible Health Plan                                  |
| PPO            | Preferred Provider Organization                              |
| PPO HSA        | Preferred Provider Organization Health Savings Account       |
| PPO HRA        | Preferred Provider Organization Health Reimbursement Account |
| HB             | HealthyBlue  |
| MSP            | Multi-State Plan   |
| EP             | Experience Period  |
| DICR           | Desired Incurred Claims Ratio                                |
| MLR            | Medical Loss Ratio (as defined by PPACA)                     |
| IBNR           | Incurred But Not Reported                                    |
| IAF            | Income Adjustment Factors                                    |
| PCP            | Primary Care Physician                                       |
| ER             | Emergency Room   |
| OON            | Out of Network   |
| IP, In Pat     | Inpatient  |
| OP             | Outpatient   |
| Prof           | Professional   |
| OOP            | Out of Pocket  |
| Co-ins         | Coinurance   |
| MHSA           | Mental Health & Substance Abuse                              |
| DXL            | Diagnostic X-ray and Lab                                     |
| RPN            | Regional Preferred Network                                   |
| ABA            | Applied Behavioral Analysis                                  |

**Group Hospitalization & Medical Services, Inc. (GHMSI)**  
**(NAIC # 53007)**  
**H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)**  
**D.C. Small Group Products - On Exchange**  
**Rate Filing Effective 1/1/2016**  
**Actuarial Certification**

I, Kenny W. Kan, am the Senior Vice President and Chief Actuary with Group Hospitalization and Medical Services, Inc. doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:

- a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1))
- b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
- c. Neither excessive nor deficient.

2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).

3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs.

4. Consistent with 45 CFR § 156.135, the 2016 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

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**CareFirst BlueCross BlueShield (GHMSI)**  
**(NAIC # 53007)**  
**D.C. Small Group Products - On Exchange**  
**Rates Effective 1/1/2016**

**2016 HIOS IDs**

| HIOS Product ID | HIOS Product Name              | HIOS Plan ID   | HIOS Plan Name  | On/Off Exchange | Product Type | Abortion Coverage | Actuarial Value | Metal Level | Unique Plan | Projected Contracts 12/31/16 |
|-----------------|--------------------------------|----------------|---|-----------------|--------------|-------------------|-----------------|-------------|-------------|------------------------------|
| 78079DC017      | BluePreferred Multi-State Plan | 78079DC0170001 | BlueCross BlueShield Preferred 1000, a Multi-State Plan | On              | PPO          | No                | 81.60%          | Gold        | No          | 188                          |
| 78079DC017      | BluePreferred Multi-State Plan | 78079DC0170002 | BlueCross BlueShield Preferred 2000, a Multi-State Plan | On              | PPO          | No                | 71.99%          | Silver      | No          | 55                           |
| 78079DC022      | BluePreferred PPO              | 78079DC0220024 | BluePreferred PPO Platinum 0                            | On              | PPO          | Yes               | 91.09%          | Platinum    | Yes         | 8,013                        |
| 78079DC022      | BluePreferred PPO              | 78079DC0220025 | BluePreferred PPO Platinum 500                          | On              | PPO          | Yes               | 88.43%          | Platinum    | Yes         | 3,644                        |
| 78079DC022      | BluePreferred PPO              | 78079DC0220021 | BluePreferred PPO Gold 500                              | On              | PPO          | Yes               | 81.50%          | Gold        | Yes         | 203                          |
| 78079DC022      | BluePreferred PPO              | 78079DC0220026 | BluePreferred PPO Silver 1000                           | On              | PPO          | Yes               | 71.45%          | Silver      | Yes         | 173                          |
| 78079DC022      | BluePreferred PPO              | 78079DC0220020 | BluePreferred PPO Gold 1000                             | On              | PPO          | Yes               | 79.07%          | Gold        | Yes         | 3,036                        |
| 78079DC022      | BluePreferred PPO              | 78079DC0220031 | BluePreferred PPO Gold 1500                             | On              | PPO          | Yes               | 78.01%          | Gold        | Yes         | 1,766                        |
| 78079DC022      | BluePreferred PPO              | 78079DC0220022 | BluePreferred PPO HSA/HRA Silver 1500                   | On              | PPO          | Yes               | 71.57%          | Silver      | Yes         | 1,639                        |
| 78079DC022      | BluePreferred PPO              | 78079DC0220023 | BluePreferred PPO HSA/HRA Silver 2000                   | On              | PPO          | Yes               | 69.59%          | Silver      | Yes         | 990                          |
| 78079DC022      | BluePreferred PPO              | 78079DC0220030 | HealthyBlue PPO Platinum 500                            | On              | PPO          | Yes               | 88.90%          | Platinum    | Yes         | 201                          |
| 78079DC022      | BluePreferred PPO              | 78079DC0220029 | HealthyBlue PPO Platinum 1000                           | On              | PPO          | Yes               | 88.04%          | Platinum    | Yes         | 113                          |
| 78079DC022      | BluePreferred PPO              | 78079DC0220027 | HealthyBlue PPO Gold 1500                               | On              | PPO          | Yes               | 81.78%          | Gold        | Yes         | 1,306                        |
| 78079DC022      | BluePreferred PPO              | 78079DC0220028 | HealthyBlue PPO HSA/HRA Silver 2000                     | On              | PPO          | Yes               | 71.91%          | Silver      | Yes         | 228                          |
| <b>TOTAL</b>    |                                |                |   |                 |              |                   |                 |             |             | <b>21,555</b>                |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**2016 ACA – RATE CHANGES AT METAL/PLAN LEVEL**  
**SMALL GROUP - DC GHMSI**

| 1                 | 2  | 3        | 4   | 5                   | 6                    | 7                 | 8                         | 9        | 10       | 11       | 12                | 13                        | 14    | 15       | 16    | 17                        | 18    | 19       | 20    | 21                                 |  |
|-------------------|--|----------|---|---------------------|----------------------|-------------------|---------------------------|----------|----------|----------|-------------------|---------------------------|-------|----------|-------|---------------------------|-------|----------|-------|------------------------------------|--|
| Metal             | 2015 Plans<br>Plan   | Metal    | 2016 Plans<br>Plan                                      | Members             |                      | HHS<br>2015<br>AV | Plan Adjusted Index Rates |          |          |          | HHS<br>2016<br>AV | Plan Adjusted Index Rates |       |          |       | Plan Adjusted Index Rates |       |          |       | 1Q16<br>Incremental<br>Inc vs 4Q15 |  |
|                   |  |          |   | Actual<br>2/28/2015 | % of Actual<br>Total |                   | 1Q15                      | 2Q15     | 3Q15     | 4Q15     |                   | 1Q16                      | RNL   | 2Q16     | RNL   | 3Q16                      | RNL   | 4Q16     | RNL   |                                    |  |
| 1                 | Platinum BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%     | Platinum | BluePreferred PPO Platinum 0                            | 12,436              | 35.6%                | 0.890             | \$591.79                  | \$599.84 | \$608.16 | \$616.62 | 0.911             | \$678.51                  | 14.7% | \$688.58 | 14.8% | \$698.81                  | 14.9% | \$709.28 | 15.0% | 10.0%                              |  |
| 2                 | Platinum BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%      | Platinum | BluePreferred PPO Platinum 0                            | 99                  | 0.3%                 | 0.894             | \$577.64                  | \$585.50 | \$593.62 | \$601.88 | 0.911             | \$678.51                  | 17.5% | \$688.58 | 17.6% | \$698.81                  | 17.7% | \$709.28 | 17.8% | 12.7%                              |  |
| 3                 | Platinum BluePreferred PPO \$500                               | Platinum | BluePreferred PPO Platinum 500                          | 5,321               | 15.3%                | 0.883             | \$549.22                  | \$556.70 | \$564.42 | \$572.26 | 0.884             | \$651.02                  | 18.5% | \$660.68 | 18.7% | \$670.50                  | 18.8% | \$680.55 | 18.9% | 13.8%                              |  |
| 4                 | Platinum HealthyBlue PPO \$300                                 | Platinum | HealthyBlue PPO Platinum 500                            | 350                 | 1.0%                 | 0.903             | \$568.31                  | \$576.05 | \$584.04 | \$592.16 | 0.889             | \$672.52                  | 18.3% | \$682.50 | 18.5% | \$692.64                  | 18.6% | \$703.02 | 18.7% | 13.6%                              |  |
| 5                 | Platinum HealthyBlue PPO \$600                                 | Platinum | HealthyBlue PPO Platinum 1000                           | 200                 | 0.6%                 | 0.898             | \$553.38                  | \$560.91 | \$568.69 | \$576.60 | 0.880             | \$652.35                  | 17.9% | \$662.03 | 18.0% | \$671.87                  | 18.1% | \$681.94 | 18.3% | 13.1%                              |  |
| PLATINUM SUBTOTAL |  |          |   | 18,406              | 52.8%                | 0.888             | \$578.54                  | \$586.42 | \$594.55 | \$602.82 | 0.902             | \$670.16                  | 15.9% | \$680.11 | 16.0% | \$690.21                  | 16.1% | \$700.56 | 16.3% | 11.2%                              |  |
| 6                 | Gold BlueCross BlueShield Preferred 1000, A Multi-State Plan   | Gold     | BlueCross BlueShield Preferred 1000, a Multi-State Plan | 340                 | 1.0%                 | 0.799             | \$452.12                  | \$458.28 | \$464.63 | \$471.09 | 0.816             | \$542.92                  | 20.1% | \$550.98 | 20.2% | \$559.16                  | 20.3% | \$567.55 | 20.5% | 15.2%                              |  |
| 7                 | Gold BluePreferred PPO \$500 \$20/\$30                         | Gold     | BluePreferred PPO Gold 500                              | 368                 | 1.1%                 | 0.785             | \$479.51                  | \$486.04 | \$492.78 | \$499.63 | 0.815             | \$555.77                  | 15.9% | \$564.02 | 16.0% | \$572.40                  | 16.2% | \$580.98 | 16.3% | 11.2%                              |  |
| 8                 | Gold BluePreferred PPO \$1,000 100%/80%                        | Gold     | BluePreferred PPO Gold 1000                             | 4,317               | 12.4%                | 0.818             | \$470.84                  | \$477.25 | \$483.87 | \$490.60 | 0.791             | \$541.45                  | 15.0% | \$549.48 | 15.1% | \$557.65                  | 15.2% | \$566.01 | 15.4% | 10.4%                              |  |
| 9                 | Gold BluePreferred PPO \$1,000 80%/60%                         | Gold     | BluePreferred PPO Gold 1000                             | 854                 | 2.4%                 | 0.807             | \$451.06                  | \$457.20 | \$463.54 | \$469.99 | 0.791             | \$541.45                  | 20.0% | \$549.48 | 20.2% | \$557.65                  | 20.3% | \$566.01 | 20.4% | 15.2%                              |  |
| 10                | Gold BluePreferred PPO \$1,200                                 | Gold     | BluePreferred PPO Gold 1500                             | 2,042               | 5.9%                 | 0.799             | \$456.72                  | \$462.94 | \$469.36 | \$475.89 | 0.780             | \$538.93                  | 18.0% | \$546.92 | 18.1% | \$555.05                  | 18.3% | \$563.37 | 18.4% | 13.2%                              |  |
| 11                | Gold BluePreferred PPO \$2,000                                 | Gold     | BluePreferred PPO Gold 1500                             | 1,158               | 3.3%                 | 0.792             | \$433.41                  | \$439.31 | \$445.40 | \$451.59 | 0.780             | \$538.93                  | 24.3% | \$546.92 | 24.5% | \$555.05                  | 24.6% | \$563.37 | 24.8% | 19.3%                              |  |
| 12                | Gold BluePreferred PPO HSA/HRA \$1,400                         | Silver   | BluePreferred PPO HSA/HRA Silver 1500                   | 2,874               | 8.2%                 | 0.781             | \$433.90                  | \$439.77 | \$445.83 | \$451.99 | 0.716             | \$442.20                  | 1.9%  | \$448.76 | 2.0%  | \$455.43                  | 2.2%  | \$462.26 | 2.3%  | -2.2%                              |  |
| 13                | Gold HealthyBlue PPO \$1,500                                   | Gold     | HealthyBlue PPO Gold 1500                               | 2,367               | 6.8%                 | 0.819             | \$477.02                  | \$483.51 | \$490.22 | \$497.04 | 0.818             | \$546.26                  | 14.5% | \$554.36 | 14.7% | \$562.60                  | 14.8% | \$571.03 | 14.9% | 9.9%                               |  |
| GOLD SUBTOTAL     |  |          |   | 14,320              | 41.0%                | 0.804             | \$458.00                  | \$464.23 | \$470.67 | \$477.20 | 0.779             | \$522.16                  | 13.9% | \$529.91 | 14.1% | \$537.78                  | 14.2% | \$545.85 | 14.3% | 9.3%                               |  |
| 14                | Silver BlueShield Preferred 2000, A Multi-State Plan (HSA/HRA) | Silver   | BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) | 11                  | 0.0%                 | 0.709             | \$361.65                  | \$366.54 | \$371.60 | \$376.73 | 0.720             | \$441.06                  | 22.0% | \$447.60 | 22.1% | \$454.25                  | 22.2% | \$461.06 | 22.4% | 17.1%                              |  |
| 15                | Silver BluePreferred PPO \$1000 \$30/\$40                      | Silver   | BluePreferred PPO Silver 1000                           | 2                   | 0.0%                 | 0.720             | \$415.89                  | \$421.55 | \$427.40 | \$433.34 | 0.714             | \$461.08                  | 10.9% | \$467.93 | 11.0% | \$474.88                  | 11.1% | \$482.00 | 11.2% | 6.4%                               |  |
| 16                | Silver BluePreferred PPO HSA/HRA \$1,800                       | Silver   | BluePreferred PPO HSA/HRA Silver 2000                   | 167                 | 0.5%                 | 0.716             | \$375.97                  | \$381.06 | \$386.31 | \$391.65 | 0.696             | \$429.91                  | 14.3% | \$436.29 | 14.5% | \$442.77                  | 14.6% | \$449.41 | 14.7% | 9.8%                               |  |
| 17                | Silver BluePreferred PPO HSA/HRA \$2000, 100%/80%              | Silver   | BluePreferred PPO HSA/HRA Silver 2000                   | 1,341               | 3.8%                 | 0.718             | \$380.97                  | \$386.12 | \$391.44 | \$396.85 | 0.696             | \$429.91                  | 12.8% | \$436.29 | 13.0% | \$442.77                  | 13.1% | \$449.41 | 13.2% | 8.3%                               |  |
| 18                | Silver HealthyBlue PPO HSA/HRA \$2,000                         | Silver   | HealthyBlue PPO HSA/HRA Silver 2000                     | 279                 | 0.8%                 | 0.708             | \$378.10                  | \$383.21 | \$388.50 | \$393.86 | 0.719             | \$446.40                  | 18.1% | \$453.03 | 18.2% | \$459.76                  | 18.3% | \$466.65 | 18.5% | 13.3%                              |  |
| SILVER SUBTOTAL   |  |          |   | 1,800               | 5.2%                 | 0.716             | \$379.98                  | \$385.12 | \$390.43 | \$395.83 | 0.700             | \$432.57                  | 13.8% | \$438.99 | 14.0% | \$445.51                  | 14.1% | \$452.19 | 14.2% | 9.3%                               |  |
| 19                | Bronze BluePreferred PPO \$4,500                               | Silver   | BluePreferred PPO Silver 1000                           | 168                 | 0.5%                 | 0.619             | \$332.04                  | \$336.56 | \$341.23 | \$345.97 | 0.714             | \$461.08                  | 38.9% | \$467.93 | 39.0% | \$474.88                  | 39.2% | \$482.00 | 39.3% | 33.3%                              |  |
| 20                | Bronze BluePreferred PPO HSA/HRA \$4,000                       | Silver   | BluePreferred PPO HSA/HRA Silver 2000                   | 15                  | 0.0%                 | 0.608             | \$292.96                  | \$296.92 | \$301.02 | \$305.18 | 0.696             | \$429.91                  | 46.7% | \$436.29 | 46.9% | \$442.77                  | 47.1% | \$449.41 | 47.3% | 40.9%                              |  |
| 21                | Bronze BluePreferred PPO HSA/HRA \$4,500                       | Silver   | BluePreferred PPO HSA/HRA Silver 2000                   | 180                 | 0.5%                 | 0.610             | \$302.58                  | \$306.68 | \$310.90 | \$315.20 | 0.696             | \$429.91                  | 42.1% | \$436.29 | 42.3% | \$442.77                  | 42.4% | \$449.41 | 42.6% | 36.4%                              |  |
| BRONZE SUBTOTAL   |  |          |   | 363                 | 1.0%                 | 0.614             | \$315.82                  | \$320.10 | \$324.53 | \$329.03 | 0.705             | \$444.34                  | 40.8% | \$450.93 | 41.0% | \$457.63                  | 41.1% | \$464.49 | 41.3% | 35.1%                              |  |
| GHMSI Total       |  |          |   | 34,889              | 100%                 | 0.842             | \$516.09                  | \$523.11 | \$530.36 | \$537.73 | 0.839             | \$594.81                  | 15.2% | \$603.64 | 15.4% | \$612.60                  | 15.5% | \$621.79 | 15.6% | 10.6%                              |  |

LOW RENEWAL (Minimum):

HIGH RENEWAL (Maximum):

1.9% 2.0% 2.2% 2.3%  
24.3% 24.5% 24.6% 24.8%

Note: The previous SERFF tracking number for GHMSI DC Small Group (effective 1/1/2015) is CFAP-129567873 (On Exchange).

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**2016 ACA – RATE CHANGES AT METAL/PLAN LEVEL**  
**SMALL GROUP - DC**

|                   | 1        | 2   | 3        | 4   | 5                              | 6                    | 7                 | 8                         | 9        | 10       | 11       | 12                | 13                        | 14    | 15       | 16    | 17                        | 18    | 19       | 20    | 21                                 |
|-------------------|----------|---|----------|---|--------------------------------|----------------------|-------------------|---------------------------|----------|----------|----------|-------------------|---------------------------|-------|----------|-------|---------------------------|-------|----------|-------|------------------------------------|
|                   | Metal    | 2015 Plans<br>Plan                                      | Metal    | 2016 Plans<br>Plan                                      | Members<br>Actual<br>2/28/2015 | % of Actual<br>Total | HHS<br>2015<br>AV | Plan Adjusted Index Rates |          |          |          | HHS<br>2016<br>AV | Plan Adjusted Index Rates |       |          |       | Plan Adjusted Index Rates |       |          |       | 1Q16<br>Incremental<br>Inc vs 4Q15 |
|                   |          |   |          |   |                                |                      | 1Q15              | 2Q15                      | 3Q15     | 4Q15     |          | 1Q16              | RNL                       | 2Q16  | RNL      | 3Q16  | RNL                       | 4Q16  | RNL      |       |                                    |
| 1                 | Platinum | BlueChoice HMO \$30/\$40                                | Platinum | BlueChoice HMO Platinum 0                               | 2,066                          | 3.0%                 | 0.883             | \$488.58                  | \$495.46 | \$502.20 | \$509.00 | 0.911             | \$517.55                  | 5.9%  | \$525.11 | 6.0%  | \$532.88                  | 6.1%  | \$540.85 | 6.3%  | 1.7%                               |
| 2                 | Platinum | BlueChoice HMO Referral \$10/\$20                       | Platinum | BlueChoice HMO Referral Platinum 0                      | 1,145                          | 1.6%                 | 0.906             | \$474.51                  | \$481.19 | \$487.74 | \$494.35 | 0.911             | \$492.90                  | 3.9%  | \$500.11 | 3.9%  | \$507.51                  | 4.1%  | \$515.10 | 4.2%  | -0.3%                              |
| 3                 | Platinum | BlueChoice HMO Referral \$30/\$40                       | Platinum | BlueChoice HMO Referral Platinum 0                      | 2,433                          | 3.5%                 | 0.886             | \$465.32                  | \$471.87 | \$478.29 | \$484.77 | 0.911             | \$492.90                  | 5.9%  | \$500.11 | 6.0%  | \$507.51                  | 6.1%  | \$515.10 | 6.3%  | 1.7%                               |
| 4                 | Platinum | BlueChoice Plus 100%/80%, \$10/\$20                     | Platinum | BlueChoice Plus Opt-Out Platinum 0                      | 1,134                          | 1.6%                 | 0.891             | \$509.51                  | \$516.69 | \$523.71 | \$530.81 | 0.911             | \$524.56                  | 3.0%  | \$532.23 | 3.0%  | \$540.10                  | 3.1%  | \$548.18 | 3.3%  | -1.2%                              |
| 5                 | Platinum | BlueChoice Plus 100%/80%, \$20/\$30                     | Platinum | BlueChoice Plus Opt-Out Platinum 0                      | 4,025                          | 5.8%                 | 0.886             | \$493.70                  | \$500.65 | \$507.46 | \$514.34 | 0.911             | \$524.56                  | 6.2%  | \$532.23 | 6.3%  | \$540.10                  | 6.4%  | \$548.18 | 6.6%  | 2.0%                               |
| 6                 | Platinum | BlueChoice Plus 100%/60%, \$20/\$30                     | Platinum | BlueChoice Plus Opt-Out Platinum 0                      | 1,501                          | 2.2%                 | 0.886             | \$482.19                  | \$488.98 | \$495.63 | \$502.35 | 0.911             | \$524.56                  | 8.8%  | \$532.23 | 8.8%  | \$540.10                  | 9.0%  | \$548.18 | 9.1%  | 4.4%                               |
| 7                 | Platinum | BlueChoice Advantage 100%/70%                           | Platinum | BlueChoice Advantage Platinum 0                         | 1,102                          | 1.6%                 | 0.884             | \$512.45                  | \$519.66 | \$526.73 | \$533.87 | 0.911             | \$554.37                  | 8.2%  | \$562.48 | 8.2%  | \$570.80                  | 8.4%  | \$579.34 | 8.5%  | 3.8%                               |
| 8                 | Platinum | BlueChoice Advantage 90%/70%                            | Platinum | BlueChoice Advantage Platinum 0                         | 12                             | 0.0%                 | 0.903             | \$499.56                  | \$506.59 | \$513.48 | \$520.44 | 0.911             | \$554.37                  | 11.0% | \$562.48 | 11.0% | \$570.80                  | 11.2% | \$579.34 | 11.3% | 6.5%                               |
| 9                 | Platinum | BlueChoice Advantage 80%/50%                            | Platinum | BlueChoice Advantage Platinum 0                         | 96                             | 0.1%                 | 0.888             | \$517.55                  | \$524.83 | \$531.97 | \$539.18 | 0.911             | \$554.37                  | 7.1%  | \$562.48 | 7.2%  | \$570.80                  | 7.3%  | \$579.34 | 7.4%  | 2.8%                               |
| 10                | Platinum | HealthyBlue HMO \$300                                   | Platinum | HealthyBlue HMO Platinum 500                            | 333                            | 0.5%                 | 0.903             | \$480.57                  | \$487.34 | \$493.97 | \$500.66 | 0.889             | \$514.51                  | 7.1%  | \$522.03 | 7.1%  | \$529.75                  | 7.2%  | \$537.68 | 7.4%  | 2.8%                               |
| 11                | Platinum | HealthyBlue HMO \$600                                   | Platinum | HealthyBlue HMO Platinum 1000                           | 106                            | 0.2%                 | 0.898             | \$464.90                  | \$471.45 | \$477.86 | \$484.34 | 0.880             | \$495.93                  | 6.7%  | \$503.18 | 6.7%  | \$510.63                  | 6.9%  | \$518.26 | 7.0%  | 2.4%                               |
| 12                | Platinum | HealthyBlue Plus \$300                                  | Platinum | HealthyBlue Plus Platinum 500                           | 1,642                          | 2.4%                 | 0.903             | \$494.50                  | \$501.46 | \$508.28 | \$515.16 | 0.889             | \$528.45                  | 6.9%  | \$536.18 | 6.9%  | \$544.11                  | 7.0%  | \$552.25 | 7.2%  | 2.6%                               |
| 13                | Platinum | HealthyBlue Plus \$600                                  | Platinum | HealthyBlue Plus Platinum 1000                          | 496                            | 0.7%                 | 0.898             | \$478.37                  | \$485.11 | \$491.71 | \$498.37 | 0.880             | \$509.37                  | 6.5%  | \$516.82 | 6.5%  | \$524.46                  | 6.7%  | \$532.31 | 6.8%  | 2.2%                               |
| 14                | Platinum | HealthyBlue Advantage \$300                             | Platinum | HealthyBlue Advantage Platinum 500                      | 911                            | 1.3%                 | 0.903             | \$505.45                  | \$512.56 | \$519.53 | \$526.57 | 0.889             | \$551.12                  | 9.0%  | \$559.18 | 9.1%  | \$567.45                  | 9.2%  | \$575.94 | 9.4%  | 4.7%                               |
| 15                | Platinum | HealthyBlue Advantage \$600                             | Platinum | HealthyBlue Advantage Platinum 1000                     | 460                            | 0.7%                 | 0.898             | \$488.97                  | \$495.85 | \$502.59 | \$509.40 | 0.880             | \$531.22                  | 8.6%  | \$538.99 | 8.7%  | \$546.96                  | 8.8%  | \$555.14 | 9.0%  | 4.3%                               |
| 16                | Platinum | BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/\$50      | Platinum | BluePreferred PPO Platinum 0                            | 12,436                         | 17.8%                | 0.890             | \$591.79                  | \$599.84 | \$608.16 | \$616.62 | 0.911             | \$678.51                  | 14.7% | \$688.58 | 14.8% | \$698.81                  | 14.9% | \$709.28 | 15.0% | 10.0%                              |
| 17                | Platinum | BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%        | Platinum | BluePreferred PPO Platinum 0                            | 99                             | 0.1%                 | 0.894             | \$577.64                  | \$585.50 | \$593.62 | \$601.88 | 0.911             | \$678.51                  | 17.5% | \$688.58 | 17.6% | \$698.81                  | 17.7% | \$709.28 | 17.8% | 12.7%                              |
| 18                | Platinum | BluePreferred PPO \$500                                 | Platinum | BluePreferred PPO Platinum 500                          | 5,321                          | 7.6%                 | 0.883             | \$549.22                  | \$556.70 | \$564.42 | \$572.26 | 0.884             | \$651.02                  | 18.5% | \$660.68 | 18.7% | \$670.50                  | 18.8% | \$680.55 | 18.9% | 13.8%                              |
| 19                | Platinum | HealthyBlue PPO \$300                                   | Platinum | HealthyBlue PPO Platinum 500                            | 350                            | 0.5%                 | 0.903             | \$568.31                  | \$576.05 | \$584.04 | \$592.16 | 0.889             | \$672.52                  | 18.3% | \$682.50 | 18.5% | \$692.64                  | 18.6% | \$703.02 | 18.7% | 13.6%                              |
| 20                | Platinum | HealthyBlue PPO \$600                                   | Platinum | HealthyBlue PPO Platinum 1000                           | 200                            | 0.3%                 | 0.898             | \$553.38                  | \$560.91 | \$568.69 | \$576.60 | 0.880             | \$652.35                  | 17.9% | \$662.03 | 18.0% | \$671.87                  | 18.1% | \$681.94 | 18.3% | 13.1%                              |
| PLATINUM SUBTOTAL |          |   |          |   | 35,868                         | 51.5%                | 0.889             | \$534.92                  | \$542.31 | \$549.77 | \$557.33 | 0.904             | \$597.27                  | 11.3% | \$606.08 | 11.4% | \$615.07                  | 11.5% | \$624.28 | 11.6% | 6.8%                               |
| 21                | Gold     | BlueChoice HMO \$250                                    | Gold     | BlueChoice HMO Gold 500                                 | 1,805                          | 2.6%                 | 0.819             | \$421.31                  | \$427.25 | \$433.06 | \$438.92 | 0.815             | \$412.97                  | -2.0% | \$419.01 | -1.9% | \$425.21                  | -1.8% | \$431.57 | -1.7% | -5.9%                              |
| 22                | Gold     | BlueChoice HMO \$1,000                                  | Gold     | BlueChoice HMO Gold 1500                                | 60                             | 0.1%                 | 0.785             | \$361.96                  | \$367.05 | \$372.04 | \$377.08 | 0.780             | \$397.46                  | 9.8%  | \$403.27 | 9.9%  | \$409.24                  | 10.0% | \$415.36 | 10.1% | 5.4%                               |
| 23                | Gold     | BlueChoice HMO \$1,800                                  | Gold     | BlueChoice HMO Gold 1500                                | 46                             | 0.1%                 | 0.781             | \$358.57                  | \$363.62 | \$368.57 | \$373.56 | 0.780             | \$397.46                  | 10.8% | \$403.27 | 10.9% | \$409.24                  | 11.0% | \$415.36 | 11.2% | 6.4%                               |
| 24                | Gold     | BlueChoice HMO HSA/HRA \$1,500                          | Silver   | BlueChoice HMO HSA/HRA Silver 1500                      | 964                            | 1.4%                 | 0.797             | \$345.91                  | \$350.75 | \$355.50 | \$360.29 | 0.716             | \$316.46                  | -8.5% | \$321.08 | -8.5% | \$325.83                  | -8.3% | \$330.71 | -8.2% | -12.2%                             |
| 25                | Gold     | BlueChoice HMO Referral \$500                           | Gold     | BlueChoice HMO Referral Gold 500                        | 905                            | 1.3%                 | 0.788             | \$380.79                  | \$386.15 | \$391.40 | \$396.70 | 0.815             | \$393.30                  | 3.3%  | \$399.05 | 3.3%  | \$404.96                  | 3.5%  | \$411.02 | 3.6%  | -0.9%                              |
| 26                | Gold     | BlueChoice Advantage \$500 \$20/\$30                    | Gold     | BlueChoice Advantage Gold 500                           | 200                            | 0.3%                 | 0.785             | \$417.26                  | \$423.14 | \$428.89 | \$434.70 | 0.815             | \$442.36                  | 6.0%  | \$448.82 | 6.1%  | \$455.47                  | 6.2%  | \$462.28 | 6.3%  | 1.8%                               |
| 27                | Gold     | BlueChoice Advantage \$1000                             | Gold     | BlueChoice Advantage Gold 1000                          | 862                            | 1.2%                 | 0.787             | \$398.39                  | \$404.00 | \$409.50 | \$415.04 | 0.791             | \$428.77                  | 7.6%  | \$435.04 | 7.7%  | \$441.48                  | 7.8%  | \$448.08 | 8.0%  | 3.3%                               |
| 28                | Gold     | HealthyBlue HMO \$1,500                                 | Gold     | HealthyBlue HMO Gold 1500                               | 822                            | 1.2%                 | 0.819             | \$399.46                  | \$405.08 | \$410.59 | \$416.16 | 0.818             | \$430.68                  | 7.8%  | \$436.97 | 7.9%  | \$443.44                  | 8.0%  | \$450.07 | 8.1%  | 3.5%                               |
| 29                | Gold     | HealthyBlue Plus \$1,500                                | Gold     | HealthyBlue Plus Gold 1500                              | 1,477                          | 2.1%                 | 0.819             | \$411.03                  | \$416.82 | \$422.49 | \$428.21 | 0.818             | \$442.35                  | 7.6%  | \$448.81 | 7.7%  | \$455.46                  | 7.8%  | \$462.27 | 8.0%  | 3.3%                               |
| 30                | Gold     | HealthyBlue Advantage \$1,500                           | Gold     | HealthyBlue Advantage Gold 1500                         | 3,820                          | 5.5%                 | 0.819             | \$420.13                  | \$426.05 | \$431.84 | \$437.69 | 0.818             | \$461.32                  | 9.8%  | \$468.07 | 9.9%  | \$474.99                  | 10.0% | \$482.10 | 10.1% | 5.4%                               |
| 31                | Gold     | BlueCross BlueShield Preferred 1000, a Multi-State Plan | Gold     | BlueCross BlueShield Preferred 1000, a Multi-State Plan | 340                            | 0.5%                 | 0.799             | \$452.12                  | \$458.28 | \$464.63 | \$471.09 | 0.816             | \$542.92                  | 20.1% | \$550.98 | 20.2% | \$559.16                  | 20.3% | \$567.55 | 20.5% | 15.2%                              |
| 32                | Gold     | BluePreferred PPO \$500 \$20/\$30                       | Gold     | BluePreferred PPO Gold 500                              | 368                            | 0.5%                 | 0.785             | \$479.51                  | \$486.04 | \$492.78 | \$499.63 | 0.815             | \$555.77                  | 15.9% | \$564.02 | 16.0% | \$572.40                  | 16.2% | \$580.98 | 16.3% | 11.2%                              |
| 33                | Gold     | BluePreferred PPO \$1,000 100%/80%                      | Gold     | BluePreferred PPO Gold 1000                             | 4,317                          | 6.2%                 | 0.818             | \$470.84                  | \$477.25 | \$483.87 | \$490.60 | 0.791             | \$541.45                  | 15.0% | \$549.48 | 15.1% | \$557.65                  | 15.2% | \$566.01 | 15.4% | 10.4%                              |
| 34                | Gold     | BluePreferred PPO \$1,000 80%/60%                       | Gold     | BluePreferred PPO Gold 1000                             | 854                            | 1.2%                 | 0.807             | \$451.06                  | \$457.20 | \$463.54 | \$469.99 | 0.791             | \$541.45                  | 20.0% | \$549.48 | 20.2% | \$557.65                  | 20.3% | \$566.01 | 20.4% | 15.2%                              |
| 35                | Gold     | BluePreferred PPO \$1,200                               | Gold     | BluePreferred PPO Gold 1500                             | 2,042                          | 2.9%                 | 0.799             | \$456.72                  | \$462.94 | \$469.36 | \$475.89 | 0.780             | \$538.93                  | 18.0% | \$546.92 | 18.1% | \$555.05                  | 18.3% | \$563.37 | 18.4% | 13.2%                              |
| 36                | Gold     | BluePreferred PPO \$2,000                               | Gold     | BluePreferred PPO Gold 1500                             | 1,158                          | 1.7%                 | 0.792             | \$433.41                  | \$439.31 | \$445.40 | \$451.59 | 0.780             | \$538.93                  | 24.3% | \$546.92 | 24.5% | \$555.05                  | 24.6% | \$563.37 | 24.8% | 19.3%                              |
| 37                | Gold     | BluePreferred PPO HSA/HRA \$1,400                       | Silver   | BluePreferred PPO HSA/HRA Silver 1500                   | 2,874                          | 4.1%                 | 0.781             | \$433.90                  | \$439.77 | \$445.83 | \$451.99 | 0.716             | \$442.20                  | 1.9%  | \$448.76 | 2.0%  | \$455.43                  | 2.2%  | \$462.26 | 2.3%  | -2.2%                              |
| 38                | Gold     | HealthyBlue PPO \$1,500                                 | Gold     | HealthyBlue PPO Gold 1500                               | 2,367                          | 3.4%                 | 0.819             | \$477.02                  | \$483.51 | \$490.22 | \$497.04 | 0.818             | \$546.26                  | 14.5% | \$554.36 | 14.7% | \$562.60                  | 14.8% | \$571.03 | 14.9% | 9.9%                               |
| GOLD SUBTOTAL     |          |   |          |   | 25,281                         | 36.3%                | 0.807             | \$435.21                  | \$441.21 | \$447.28 | \$453.43 | 0.791             | \$480.74                  | 10.1% | \$487.83 | 10.2% | \$495.07                  | 10.3% | \$502.49 | 10.4% | 5.6%                               |
| 39                | Silver   | BlueChoice HMO HSA/HRA \$2,000, 80%                     | Silver   | BlueChoice HMO HSA/HRA Silver 2000                      | 9                              | 0.0%                 | 0.709             | \$287.41                  | \$291.43 | \$295.37 | \$299.35 | 0.696             | \$305.42                  | 6.3%  | \$309.89 | 6.3%  | \$314.47                  | 6.5%  | \$319.18 | 6.6%  | 2.0%                               |
| 40                | Silver   | BlueChoice HMO HSA/HRA \$2,000                          | Silver   | BlueChoice HMO HSA/HRA Silver 2000                      | 877                            | 1.3%                 | 0.719             | \$302.59                  | \$306.83 | \$310.98 | \$315.16 | 0.696             | \$305.42                  | 0.9%  | \$309.89 | 1.0%  | \$314.47                  | 1.1%  | \$319.18 | 1.3%  | -3.1%                              |
| 41                | Silver   | BlueChoice Plus \$2000                                  | Silver   | BlueChoice Plus HSA/HRA Silver 3000                     | 128                            | 0.2%                 | 0.719             | \$336.70                  | \$341.44 | \$346.08 | \$350.77 | 0.682             | \$303.79                  | -9.8% | \$308.23 | -9.7% | \$312.79                  | -9.6% | \$317.47 | -9.5% | -13.4%                             |
| 42                | Silver   | BlueChoice Plus \$1500                                  | Silver   | BlueChoice Plus HSA/HRA Silver 1500                     | 1,195                          | 1.7%                 | 0.717             | \$322.12                  | \$326.63 | \$331.05 | \$335.51 | 0.716             |                           |       |          |       |                           |       |          |       |                                    |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 1/1/2016

|   | Begin    | End         | Mid-point |      | Months of Trend |           |
|---|----------|-------------|-----------|------|-----------------|-----------|
| Experience Period                                 | 1/1/2014 | 12/31/2014  | 7/2/2014  |      |                 |           |
| Rating Period                                     | 1/1/2016 | 12/31/2016  | 7/1/2016  | 24.0 | pd through      | 2/28/2015 |
| Experience Period Summary                         | Total    |             |           |      |                 |           |
| Experience Period Premiums                        | \$       | 233,946,407 |           |      |                 |           |
| MLR Rebates                                       | \$       | -           |           |      |                 |           |
| Net Experience Period Premiums                    | \$       | 233,946,407 |           |      |                 |           |
| Experience Period Paid Claims (Non-Capitated)     | \$       | 199,294,998 |           |      |                 |           |
| Completion Factor                                 |          | 0.99        |           |      |                 |           |
| Experience Period Incurred Claims (Non-Capitated) | \$       | 201,550,409 |           |      |                 |           |
| Capitations                                       | \$       | 647,160     |           |      |                 |           |
| Rx Rebates  | \$       | (5,342,431) |           |      |                 |           |
| Other Manual Claims                               | \$       | -           |           |      |                 |           |
| Total Experience Period Claims                    | \$       | 196,855,138 |           |      |                 |           |
| Experience Period Loss Ratio (Before MLR Rebates) |          | 84.1%       |           |      |                 |           |
| Experience Period Loss Ratio (After MLR Rebates)  |          | 84.1%       |           |      |                 |           |
| Experience Period Loss Ratio (System Claims Only) |          | 86.2%       |           |      |                 |           |
| Experience Period Member Months                   |          | 512,656     |           |      |                 |           |
| Average Members                                   |          | 42,721      |           |      |                 |           |
| End of Experience Period Contracts                |          | 21,579      |           |      |                 |           |
| End of Experience Period Members                  |          | 38,192      |           |      |                 |           |
| Experience Period Allowed Claims (Non-Capitated)  | \$       | 228,912,864 |           |      |                 |           |
| Adjustments                                       | \$       | (4,695,271) |           |      |                 |           |
| Total Adjusted EP Allowed Claims                  | \$       | 224,217,593 |           |      |                 |           |
| EP Paid / Allowed Ratio                           |          | 87.8%       |           |      |                 |           |

Service Category Level Projection

| Service Category Experience Period Allowed | Utilization Measure | EP Units | EP Allowed \$  | Other | Rx Rebates     | Net Allowed   |
|--|---------------------|----------|----------------|-------|----------------|---|
| Inpatient                                  | Admits              | 2,454    | \$ 40,005,763  | \$ -  | \$ -           | \$ 40,005,763   |
| Outpatient                                 | Visits              | 37,641   | \$ 47,122,116  | \$ -  | \$ -           | \$ 47,122,116   |
| Professional                               | Visits              | 452,011  | \$ 74,124,676  | \$ -  | \$ -           | \$ 74,124,676   |
| Other                                      | Services            | 47,470   | \$ 13,002,211  | \$ -  | \$ -           | \$ 13,002,211   |
| Rx   | Scripts             | 399,767  | \$ 54,658,099  | \$ -  | \$ (5,342,431) | \$ 49,315,668   |
| Capitation                                 | Member Months       | 512,656  | \$ 647,160     | \$ -  | \$ -           | \$ 647,160  |
| Total                                      |                     |          | \$ 229,560,024 | \$ -  | \$ (5,342,431) | \$ 224,217,593  |
| PMPM                                       |                     |          | \$ 447.79      | \$ -  | \$ (10.42)     | \$ 437.36   |
|  |                     |          |                |       |                | Non-EHB Claims In Experience PMPM *** \$ 2.92                     |
|  |                     |          |                |       |                | EP Index Rate for EHB (Rounded to Nearest Whole Dollar) \$ 434.00 |

| Annual Trend Inputs |             |       |
|---------------------|-------------|-------|
| Cost Trend          | Utilization | Trend |
| 7.0%                |             | 0.0%  |
| 3.5%                |             | 3.0%  |
| 2.5%                |             | 1.0%  |
| 4.0%                |             | 2.0%  |
| 13.0%               |             | 0.0%  |
| 0.0%                |             | 0.0%  |

| Service Category Experience Period Allowed | Experience Period   |             |              | Projection Factors |                               |       | Projected   |                    |              | Effective Allowed                                       |           |
|--|---------------------|-------------|--------------|--------------------|-------------------------------|-------|-------------|--------------------|--------------|---|-----------|
|  | Utilization Measure | Util / 1000 | Unit Cost    | PMPM               | Population Risk / Morbidity * | Other | Cost Factor | Utilization Factor | Total Factor | Util / 1000   | PMPM      |
| Inpatient                                  | Admits              | 57.43       | \$ 16,305.46 | \$ 78.04           | 1.059                         | 0.987 | 1.145       | 1.000              | 1.20         | 60.82   | \$ 93.41  |
| Outpatient                                 | Visits              | 881.08      | \$ 1,251.88  | \$ 91.92           | 1.059                         | 0.987 | 1.071       | 1.061              | 1.19         | 989.89  | \$ 109.21 |
| Professional                               | Visits              | 10,580.46   | \$ 163.99    | \$ 144.59          | 1.059                         | 1.009 | 1.051       | 1.020              | 1.15         | 11,429.92   | \$ 165.65 |
| Other                                      | Services            | 1,111.16    | \$ 273.90    | \$ 25.36           | 1.059                         | 1.070 | 1.082       | 1.040              | 1.28         | 1,224.26  | \$ 32.35  |
| Rx   | Scripts             | 9,357.55    | \$ 123.36    | \$ 96.20           | 1.059                         | 0.955 | 1.277       | 1.000              | 1.29         | 9,909.65  | \$ 124.21 |
| Capitation                                 | Member Months       | 12,000.00   | \$ 1.26      | \$ 1.26            | 1.000                         | 0.763 | 1.000       | 1.000              | 0.76         | 12,000.00   | \$ 0.96   |
| Total                                      |                     |             |              | \$ 437.36          |                               |       |             |                    |              |   |           |
|  |                     |             |              |                    |                               |       |             |                    |              | Projected Allowed Claims PMPM (EHB + Non-EHB) \$ 525.79 |           |
|  |                     |             |              |                    |                               |       |             |                    |              | Non-EHB Claims In Projected PMPM ** \$ 3.07             |           |
|  |                     |             |              |                    |                               |       |             |                    |              | Index Rate for EHB \$ 522.72                            |           |

\* Please refer to pages 55-56 for more information.

\*\* Includes abortion claims and capitation for embedded adult vision benefit.

\*\*\* Includes abortion claims and capitations for embedded adult vision benefit and pre-ACA core vision.

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 4/1/2016

|                   | Begin    | End        | Mid-point |  | Months of Trend |            |
|-------------------|----------|------------|-----------|--|-----------------|------------|
| Experience Period | 1/1/2014 | 12/31/2014 | 7/2/2014  |  |                 | pd through |
| Rating Period     | 4/1/2016 | 3/31/2017  | 9/30/2016 |  | 27.0            | 2/28/2015  |

|   |                |
|---|----------------|
| Experience Period Summary                         | Total          |
| Experience Period Premiums                        | \$ 233,946,407 |
| MLR Rebates (enter as negative)                   | \$ -           |
| Net Experience Period Premiums                    | \$ 233,946,407 |
| Experience Period Paid Claims (Non-Capitated)     | \$ 199,294,998 |
| Completion Factor                                 | 0.99           |
| Experience Period Incurred Claims (Non-Capitated) | \$ 201,550,409 |
| Capitations                                       | \$ 647,160     |
| Rx Rebates  | \$ (5,342,431) |
| Other Manual Claims                               | \$ -           |
| Total Experience Period Claims                    | \$ 196,855,138 |
| Experience Period Loss Ratio (Before MLR Rebates) | 84.1%          |
| Experience Period Loss Ratio (After MLR Rebates)  | 84.1%          |
| Experience Period Loss Ratio (System Claims Only) | 86.2%          |
| Experience Period Member Months                   | 512,656        |
| Average Members                                   | 42,721         |
| End of Experience Period Contracts                | 21,579         |
| End of Experience Period Members                  | 38,192         |
| Experience Period Allowed Claims (Non-Capitated)  | \$ 228,912,864 |
| Adjustments                                       | \$ (4,695,271) |
| Total Adjusted EP Allowed Claims                  | \$ 224,217,593 |
| EP Paid / Allowed Ratio                           | 87.8%          |

Service Category Level Projection

| Service Category | Experience Period Allowed | Utilization Measure | EP Units | EP Allowed \$  | Other | Rx Rebates     | Net Allowed    |
|------------------|---------------------------|---------------------|----------|----------------|-------|----------------|----------------|
| Inpatient        |                           | Admits              | 2,454    | \$ 40,005,763  | \$ -  | \$ -           | \$ 40,005,763  |
| Outpatient       |                           | Visits              | 37,641   | \$ 47,122,116  | \$ -  | \$ -           | \$ 47,122,116  |
| Professional     |                           | Visits              | 452,011  | \$ 74,124,676  | \$ -  | \$ -           | \$ 74,124,676  |
| Other            |                           | Services            | 47,470   | \$ 13,002,211  | \$ -  | \$ -           | \$ 13,002,211  |
| Rx               |                           | Scripts             | 399,767  | \$ 54,658,099  | \$ -  | \$ (5,342,431) | \$ 49,315,668  |
| Capitation       |                           | Member Months       | 512,656  | \$ 647,160     | \$ -  | \$ -           | \$ 647,160     |
| Total            |                           |                     |          | \$ 229,560,024 | \$ -  | \$ (5,342,431) | \$ 224,217,593 |
| PMPM             |                           |                     |          | \$ 447.79      | \$ -  | \$ (10.42)     | \$ 437.36      |

| Annual Trend Inputs |                   |
|---------------------|-------------------|
| Cost Trend          | Utilization Trend |
| 7.0%                | 0.0%              |
| 3.5%                | 3.0%              |
| 2.5%                | 1.0%              |
| 4.0%                | 2.0%              |
| 13.0%               | 0.0%              |
| 2.0%                | 0.0%              |

|                  |                           |                     |             |              |                    |                               |       |             |                    |              |   |                                     |           | Effective Allowed |
|------------------|---------------------------|---------------------|-------------|--------------|--------------------|-------------------------------|-------|-------------|--------------------|--------------|---|-------------------------------------|-----------|-------------------|
|                  |                           |                     |             |              |                    |                               |       |             |                    |              |   |                                     |           | PMPM              |
|                  |                           | Experience Period   |             |              | Projection Factors |                               |       | Projected   |                    |              |   | Annual Trend                        |           |                   |
| Service Category | Experience Period Allowed | Utilization Measure | Util / 1000 | Unit Cost    | PMPM               | Population Risk / Morbidity * | Other | Cost Factor | Utilization Factor | Total Factor | Util / 1000                                   | Unit Cost                           | PMPM      |                   |
| Inpatient        |                           | Admits              | 57.43       | \$ 16,305.46 | \$ 78.04           | 1.059                         | 0.987 | 1.164       | 1.000              | 1.22         | 60.82   | \$ 18,744.40                        | \$ 95.00  |                   |
| Outpatient       |                           | Visits              | 881.08      | \$ 1,251.88  | \$ 91.92           | 1.059                         | 0.987 | 1.080       | 1.069              | 1.21         | 997.23  | \$ 1,335.38                         | \$ 110.97 |                   |
| Professional     |                           | Visits              | 10,580.46   | \$ 163.99    | \$ 144.59          | 1.059                         | 1.009 | 1.057       | 1.023              | 1.16         | 11,458.39                                     | \$ 174.99                           | \$ 167.09 |                   |
| Other            |                           | Services            | 1,111.16    | \$ 273.90    | \$ 25.36           | 1.059                         | 1.070 | 1.092       | 1.046              | 1.29         | 1,230.33                                      | \$ 320.17                           | \$ 32.83  |                   |
| Rx               |                           | Scripts             | 9,357.55    | \$ 123.36    | \$ 96.20           | 1.059                         | 0.955 | 1.317       | 1.000              | 1.33         | 9,909.65                                      | \$ 155.08                           | \$ 128.06 |                   |
| Capitation       |                           | Member Months       | 12,000.00   | \$ 1.26      | \$ 1.26            | 1.000                         | 0.763 | 1.046       | 1.000              | 0.80         | 12,000.00                                     | \$ 1.01                             | \$ 1.01   |                   |
| Total            |                           |                     |             |              | \$ 437.36          |                               |       |             |                    |              | Projected Allowed Claims PMPM (EHB + Non-EHB) |                                     | \$ 534.96 |                   |
|                  |                           |                     |             |              |                    |                               |       |             |                    |              |   | Non-EHB Claims In Projected PMPM ** |           | \$ 3.14           |
|                  |                           |                     |             |              |                    |                               |       |             |                    |              |   | Index Rate for EHB                  |           | \$ 531.82         |

\* Please refer to pages 55-56 for more information.

\* Please refer to pages 55-56 for more information.

\*\* Includes abortion claims and capitation for embedded adult vision benefit.

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 7/1/2016

|                   | Begin    | End        | Mid-point  | Months of Trend |            |           |
|-------------------|----------|------------|------------|-----------------|------------|-----------|
| Experience Period | 1/1/2014 | 12/31/2014 | 7/2/2014   |                 | pd through | 2/28/2015 |
| Rating Period     | 7/1/2016 | 6/30/2017  | 12/30/2016 | 30.0            |            |           |

|   |                |
|---|----------------|
| Experience Period Summary                         | Total          |
| Experience Period Premiums                        | \$ 233,946,407 |
| MLR Rebates (enter as negative)                   | \$ -           |
| Net Experience Period Premiums                    | \$ 233,946,407 |
| Experience Period Paid Claims (Non-Capitated)     | \$ 199,294,998 |
| Completion Factor                                 | 0.99           |
| Experience Period Incurred Claims (Non-Capitated) | \$ 201,550,409 |
| Capitations                                       | \$ 647,160     |
| Rx Rebates  | \$ (5,342,431) |
| Other Manual Claims                               | \$ -           |
| Total Experience Period Claims                    | \$ 196,855,138 |
| Experience Period Loss Ratio (Before MLR Rebates) | 84.1%          |
| Experience Period Loss Ratio (After MLR Rebates)  | 84.1%          |
| Experience Period Loss Ratio (System Claims Only) | 86.2%          |
| Experience Period Member Months                   | 512,656        |
| Average Members                                   | 42,721         |
| End of Experience Period Contracts                | 21,579         |
| End of Experience Period Members                  | 38,192         |
| Experience Period Allowed Claims (Non-Capitated)  | \$ 228,912,864 |
| Adjustments                                       | \$ (4,695,271) |
| Total Adjusted EP Allowed Claims                  | \$ 224,217,593 |
| EP Paid / Allowed Ratio                           | 87.8%          |

Service Category Level Projection

| Service Category | Experience Period Allowed | Utilization Measure | EP Units | EP Allowed \$  | Other | Rx Rebates     | Net Allowed    |
|------------------|---------------------------|---------------------|----------|----------------|-------|----------------|----------------|
| Inpatient        |                           | Admits              | 2,454    | \$ 40,005,763  | \$ -  | \$ -           | \$ 40,005,763  |
| Outpatient       |                           | Visits              | 37,641   | \$ 47,122,116  | \$ -  | \$ -           | \$ 47,122,116  |
| Professional     |                           | Visits              | 452,011  | \$ 74,124,676  | \$ -  | \$ -           | \$ 74,124,676  |
| Other            |                           | Services            | 47,470   | \$ 13,002,211  | \$ -  | \$ -           | \$ 13,002,211  |
| Rx               |                           | Scripts             | 399,767  | \$ 54,658,099  | \$ -  | \$ (5,342,431) | \$ 49,315,668  |
| Capitation       |                           | Member Months       | 512,656  | \$ 647,160     | \$ -  | \$ -           | \$ 647,160     |
| Total            |                           |                     |          | \$ 229,560,024 | \$ -  | \$ (5,342,431) | \$ 224,217,593 |
| PMPM             |                           |                     |          | \$ 447.79      | \$ -  | \$ (10.42)     | \$ 437.36      |

| Annual Trend Inputs |                   |
|---------------------|-------------------|
| Cost Trend          | Utilization Trend |
| 7.0%                | 0.0%              |
| 3.5%                | 3.0%              |
| 2.5%                | 1.0%              |
| 4.0%                | 2.0%              |
| 13.0%               | 0.0%              |
| 2.0%                | 0.0%              |

|   |                           |                     |             |              |                    |                               |       |             |                    |              |             |              | Effective Allowed PMPM |
|---|---------------------------|---------------------|-------------|--------------|--------------------|-------------------------------|-------|-------------|--------------------|--------------|-------------|--------------|------------------------|
|   |                           | Experience Period   |             |              | Projection Factors |                               |       | Projected   |                    |              |             |              | Annual Trend           |
| Service Category                              | Experience Period Allowed | Utilization Measure | Util / 1000 | Unit Cost    | PMPM               | Population Risk / Morbidity * | Other | Cost Factor | Utilization Factor | Total Factor | Util / 1000 | Unit Cost    | PMPM                   |
| Inpatient                                     |                           | Admits              | 57.43       | \$ 16,305.46 | \$ 78.04           | 1.059                         | 0.987 | 1.184       | 1.000              | 1.24         | 60.82       | \$ 19,064.15 | \$ 96.62               |
| Outpatient                                    |                           | Visits              | 881.08      | \$ 1,251.88  | \$ 91.92           | 1.059                         | 0.987 | 1.090       | 1.077              | 1.23         | 1,004.63    | \$ 1,346.91  | \$ 112.76              |
| Professional                                  |                           | Visits              | 10,580.46   | \$ 163.99    | \$ 144.59          | 1.059                         | 1.009 | 1.064       | 1.025              | 1.17         | 11,486.93   | \$ 176.07    | \$ 168.54              |
| Other   |                           | Services            | 1,111.16    | \$ 273.90    | \$ 25.36           | 1.059                         | 1.070 | 1.103       | 1.051              | 1.31         | 1,236.44    | \$ 323.33    | \$ 33.31               |
| Rx  |                           | Scripts             | 9,357.55    | \$ 123.36    | \$ 96.20           | 1.059                         | 0.955 | 1.357       | 1.000              | 1.37         | 9,909.65    | \$ 159.89    | \$ 132.04              |
| Capitation                                    |                           | Member Months       | 12,000.00   | \$ 1.26      | \$ 1.26            | 1.000                         | 0.763 | 1.051       | 1.000              | 0.80         | 12,000.00   | \$ 1.01      | \$ 1.01                |
| Total   |                           |                     |             |              | \$ 437.36          |                               |       |             |                    |              |             |              |                        |
| Projected Allowed Claims PMPM (EHB + Non-EHB) |                           |                     |             |              |                    |                               |       |             |                    |              | \$ 544.29   |              | 7.0%                   |
| Non-EHB Claims In Projected PMPM **           |                           |                     |             |              |                    |                               |       |             |                    |              | \$ 3.20     |              |                        |
| Index Rate for EHB                            |                           |                     |             |              |                    |                               |       |             |                    |              | \$ 541.09   |              |                        |

\* Please refer to pages 55-56 for more information.

\*\* Includes abortion claims and capitation for embedded adult vision benefit.

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI D.C. Small Group & Individual, Non-Medigap Allowed PMPM Projection (Includes EHB and Non-EHB Claims) & Derivation of Index Rate - Non-Grandfathered Business Only - 10/1/2016

|                   | Begin     | End        | Mid-point | Months of Trend |            |           |
|-------------------|-----------|------------|-----------|-----------------|------------|-----------|
| Experience Period | 1/1/2014  | 12/31/2014 | 7/2/2014  |                 | pd through | 2/28/2015 |
| Rating Period     | 10/1/2016 | 9/30/2017  | 4/1/2017  | 33.0            |            |           |

|   |                |
|---|----------------|
| Experience Period Summary                         | Total          |
| Experience Period Premiums                        | \$ 233,946,407 |
| MLR Rebates (enter as negative)                   | \$ -           |
| Net Experience Period Premiums                    | \$ 233,946,407 |
| Experience Period Paid Claims (Non-Capitated)     | \$ 199,294,998 |
| Completion Factor                                 | 0.99           |
| Experience Period Incurred Claims (Non-Capitated) | \$ 201,550,409 |
| Capitations                                       | \$ 647,160     |
| Rx Rebates  | \$ (5,342,431) |
| Other Manual Claims                               | \$ -           |
| Total Experience Period Claims                    | \$ 196,855,138 |
| Experience Period Loss Ratio (Before MLR Rebates) | 84.1%          |
| Experience Period Loss Ratio (After MLR Rebates)  | 84.1%          |
| Experience Period Loss Ratio (System Claims Only) | 86.2%          |
| Experience Period Member Months                   | 512,656        |
| Average Members                                   | 42,721         |
| End of Experience Period Contracts                | 21,579         |
| End of Experience Period Members                  | 38,192         |
| Experience Period Allowed Claims (Non-Capitated)  | \$ 228,912,864 |
| Adjustments                                       | \$ (4,695,271) |
| Total Adjusted EP Allowed Claims                  | \$ 224,217,593 |
| EP Paid / Allowed Ratio                           | 87.8%          |

Service Category Level Projection

| Service Category | Experience Period Allowed | Utilization Measure | EP Units | EP Allowed \$  | Other | Rx Rebates     | Net Allowed    |
|------------------|---------------------------|---------------------|----------|----------------|-------|----------------|----------------|
| Inpatient        |                           | Admits              | 2,454    | \$ 40,005,763  | \$ -  | \$ -           | \$ 40,005,763  |
| Outpatient       |                           | Visits              | 37,641   | \$ 47,122,116  | \$ -  | \$ -           | \$ 47,122,116  |
| Professional     |                           | Visits              | 452,011  | \$ 74,124,676  | \$ -  | \$ -           | \$ 74,124,676  |
| Other            |                           | Services            | 47,470   | \$ 13,002,211  | \$ -  | \$ -           | \$ 13,002,211  |
| Rx               |                           | Scripts             | 399,767  | \$ 54,658,099  | \$ -  | \$ (5,342,431) | \$ 49,315,668  |
| Capitation       |                           | Member Months       | 512,656  | \$ 647,160     | \$ -  | \$ -           | \$ 647,160     |
| Total            |                           |                     |          | \$ 229,560,024 | \$ -  | \$ (5,342,431) | \$ 224,217,593 |
| PMPM             |                           |                     |          | \$ 447.79      | \$ -  | \$ (10.42)     | \$ 437.36      |

| Annual Trend Inputs |                   |
|---------------------|-------------------|
| Cost Trend          | Utilization Trend |
| 7.0%                | 0.0%              |
| 3.5%                | 3.0%              |
| 2.5%                | 1.0%              |
| 4.0%                | 2.0%              |
| 13.0%               | 0.0%              |
| 2.0%                | 0.0%              |

|   |                           |                     |             |              |                    |                               |       |             |                    |              |             |              | Effective Allowed PMPM |
|---|---------------------------|---------------------|-------------|--------------|--------------------|-------------------------------|-------|-------------|--------------------|--------------|-------------|--------------|------------------------|
|   |                           | Experience Period   |             |              | Projection Factors |                               |       |             |                    |              | Projected   |              | Annual Trend           |
| Service Category                              | Experience Period Allowed | Utilization Measure | Util / 1000 | Unit Cost    | PMPM               | Population Risk / Morbidity * | Other | Cost Factor | Utilization Factor | Total Factor | Util / 1000 | Unit Cost    | PMPM                   |
| Inpatient                                     |                           | Admits              | 57.43       | \$ 16,305.46 | \$ 78.04           | 1.059                         | 0.987 | 1.204       | 1.000              | 1.26         | 60.82       | \$ 19,389.36 | \$ 98.27               |
| Outpatient                                    |                           | Visits              | 881.08      | \$ 1,251.88  | \$ 91.92           | 1.059                         | 0.987 | 1.099       | 1.085              | 1.25         | 1,012.08    | \$ 1,358.55  | \$ 114.58              |
| Professional                                  |                           | Visits              | 10,580.46   | \$ 163.99    | \$ 144.59          | 1.059                         | 1.009 | 1.070       | 1.028              | 1.18         | 11,515.54   | \$ 177.16    | \$ 170.01              |
| Other   |                           | Services            | 1,111.16    | \$ 273.90    | \$ 25.36           | 1.059                         | 1.070 | 1.114       | 1.056              | 1.33         | 1,242.58    | \$ 326.51    | \$ 33.81               |
| Rx  |                           | Scripts             | 9,357.55    | \$ 123.36    | \$ 96.20           | 1.059                         | 0.955 | 1.399       | 1.000              | 1.42         | 9,909.65    | \$ 164.85    | \$ 136.13              |
| Capitation                                    |                           | Member Months       | 12,000.00   | \$ 1.26      | \$ 1.26            | 1.000                         | 0.763 | 1.056       | 1.000              | 0.81         | 12,000.00   | \$ 1.02      | \$ 1.02                |
| Total   |                           |                     |             |              | \$ 437.36          |                               |       |             |                    |              |             |              |                        |
| Projected Allowed Claims PMPM (EHB + Non-EHB) |                           |                     |             |              |                    |                               |       |             |                    |              |             | \$ 553.82    | 7.0%                   |
| Non-EHB Claims In Projected PMPM **           |                           |                     |             |              |                    |                               |       |             |                    |              |             | \$ 3.26      |                        |
| Index Rate for EHB                            |                           |                     |             |              |                    |                               |       |             |                    |              |             | \$ 550.56    |                        |

\* Please refer to pages 55-56 for more information.

\*\* Includes abortion claims and capitation for embedded adult vision benefit.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Estimate of Non-EHB Claims - Individual, non-Medigap & Small Group Markets Combined**

**Abortion Coverage (Applies to Individual, Non-Medigap & Small Group Markets)**

| Total - Abortion Related | Allowed Amount | 2014 Member Months | Exp Period PMPM | Projected PMPM |
|--------------------------|----------------|--------------------|-----------------|----------------|
| GHMSI                    | \$1,597,909    | 629,664            | <b>\$2.54</b>   |                |
|                          |                |                    |                 | 1Q16 \$2.99    |
|                          |                |                    |                 | 2Q16 \$3.06    |
|                          |                |                    |                 | 3Q16 \$3.12    |
|                          |                |                    |                 | 4Q16 \$3.18    |

**Embedded Adult Vision Coverage (Applies to Individual, Non-Medigap Market Only)**  
Refer to page 38 for details.

| Projected PMPM Spread Over Individual Market | Blended with Small Group | Projected PMPM |
|--|--------------------------|----------------|
| \$1.06                                       | <b>\$0.08</b>            |                |
|  |                          | 1Q16 \$0.08    |
|  |                          | 2Q16 \$0.08    |
|  |                          | 3Q16 \$0.08    |
|  |                          | 4Q16 \$0.08    |

| Projected Non-EHB PMPM |
|------------------------|
| 1Q16 <b>\$3.07</b>     |
| 2Q16 <b>\$3.14</b>     |
| 3Q16 <b>\$3.20</b>     |
| 4Q16 <b>\$3.26</b>     |



**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Adjustments for Small Group Benefits in Excess of EHB**

| <u><b>1Q16</b></u>   | <b>Med</b>     | <b>Rx</b>     | <b>Total</b>     |
|--|----------------|---------------|------------------|
| Index Rate for EHB   | \$ 398.51      | \$ 124.21     | \$ 522.72        |
| <u><b>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</b></u> |                |               |                  |
| Abortion *   | \$ 2.98        | \$ -          | \$ 2.98          |
| Total Adjustment to Index Rate   | <b>0.75%</b>   | <b>0.00%</b>  | <b>0.57%</b>     |
| <br><u><b>2Q16</b></u>   | <br><b>Med</b> | <br><b>Rx</b> | <br><b>Total</b> |
| Index Rate for EHB   | \$ 403.76      | \$ 128.06     | \$ 531.82        |
| <u><b>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</b></u> |                |               |                  |
| Abortion *   | \$ 3.02        | \$ -          | \$ 3.02          |
| Total Adjustment to Index Rate   | <b>0.75%</b>   | <b>0.00%</b>  | <b>0.57%</b>     |
| <br><u><b>3Q16</b></u>   | <br><b>Med</b> | <br><b>Rx</b> | <br><b>Total</b> |
| Index Rate for EHB   | \$ 409.05      | \$ 132.04     | \$ 541.09        |
| <u><b>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</b></u> |                |               |                  |
| Abortion *   | \$ 3.06        | \$ -          | \$ 3.06          |
| Total Adjustment to Index Rate   | <b>0.75%</b>   | <b>0.00%</b>  | <b>0.57%</b>     |
| <br><u><b>4Q16</b></u>   | <br><b>Med</b> | <br><b>Rx</b> | <br><b>Total</b> |
| Index Rate for EHB   | \$ 414.43      | \$ 136.13     | \$ 550.56        |
| <u><b>Benefits to be Covered in Excess of EHB On Exchange (PMPM)</b></u> |                |               |                  |
| Abortion *   | \$ 3.10        | \$ -          | \$ 3.10          |
| Total Adjustment to Index Rate   | <b>0.75%</b>   | <b>0.00%</b>  | <b>0.57%</b>     |

\* Based on calendar year 2014 experience for DC GHMSI Small Group business, trended to 2016.

Note: Abortion coverage applies to all DC Small Group plans, excluding the two multi-state plans.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**DC GHMSI Index Rate History**

| Month         | Index Rate       | % Change     | % Change Year to Year |
|---------------|------------------|--------------|-----------------------|
| 201401        | \$ 448.53        |              |                       |
| 201404        | \$ 454.11        | 1.24%        |                       |
| 201407        | \$ 459.80        | 1.25%        |                       |
| 201410        | \$ 465.58        | 1.26%        |                       |
| 201501        | \$ 459.94        | -1.21%       | 2.54%                 |
| 201504        | \$ 467.90        | 1.73%        | 3.03%                 |
| 201507        | \$ 476.02        | 1.74%        | 3.53%                 |
| 201510        | \$ 484.31        | 1.74%        | 4.02%                 |
| <b>201601</b> | <b>\$ 522.72</b> | <b>7.93%</b> | <b>13.65%</b>         |
| <b>201604</b> | <b>\$ 531.82</b> | <b>1.74%</b> | <b>13.66%</b>         |
| <b>201607</b> | <b>\$ 541.09</b> | <b>1.74%</b> | <b>13.67%</b>         |
| <b>201610</b> | <b>\$ 550.56</b> | <b>1.75%</b> | <b>13.68%</b>         |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**2016 ACA - TREND ANALYSIS SUMMARY - DC GHMSI**

| 1           | 2   | 3                       | 4             | 5     | 6           | 7      | 8                 | 9             | 10    | 11          | 12     | 13    | 14          | 15       | 16      |           |  |  |
|-------------|---|-------------------------|---------------|-------|-------------|--------|-------------------|---------------|-------|-------------|--------|-------|-------------|----------|---------|-----------|--|--|
| 2015 FILING |   |                         |               |       |             |        | 2016 FILING       |               |       |             |        |       |             |          |         |           |  |  |
| PROJECTED   |   |                         |               |       |             |        | EXPERIENCE PERIOD |               |       |             |        |       |             |          |         | PROJECTED |  |  |
| GHMSI-DC    |   | Allowed                 |               | Cost  | Utilization | Claims | Allowed           |               | Cost  | Utilization | Claims | Cost  | Utilization | Claims   | vs 2015 |           |  |  |
|             |   | Claims *                | %             | Trend | Trend       | Trend  | Claims            | %             | Trend | Trend       | Trend  | Trend | Trend       | Trend ** | Δ       |           |  |  |
| 1           | Inpatient                                       | Hospital                | \$38,899,620  | 17%   | 5.0%        | 0.0%   | 5.0%              | \$40,005,763  | 17%   | 5.0%        | 4.0%   | 9.2%  | 7.0%        | 0.0%     | 7.0%    | 2.0%      |  |  |
| 2           | Outpatient                                      | Hospital                | \$46,445,610  | 20%   | 8.0%        | 2.0%   | 10.2%             | \$47,122,116  | 21%   | 7.2%        | 5.1%   | 12.7% | 3.5%        | 3.0%     | 6.6%    | -3.6%     |  |  |
| 3           | Professional                                    |                         | \$76,881,109  | 33%   | 2.5%        | 2.5%   | 5.1%              | \$74,124,676  | 32%   | 2.7%        | 1.4%   | 4.1%  | 2.5%        | 1.0%     | 3.5%    | -1.5%     |  |  |
| 4           | Other Medical                                   | Non-Capitated Ambulance | \$11,955,628  | 5%    | 10.0%       | 6.0%   | 16.6%             | \$13,002,211  | 6%    | -4.5%       | 22.5%  | 17.0% | 4.0%        | 2.0%     | 6.1%    | -10.5%    |  |  |
| 5           |   | Home Health             |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 6           |   | DME                     |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 7           |   | Prosthetics             |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 8           |   | Supplies                |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 9           |   | Vision Exams            |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 10          |   | Dental Services         |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 11          |   | Other Services          |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 12          | Medical   | Subtotal (Clms-Wgtd):   | \$174,181,966 | 75%   | 5.0%        | 2.0%   | 7.2%              | \$174,254,765 | 76%   | 3.9%        | 4.6%   | 8.5%  | 3.9%        | 1.4%     | 5.3%    | -1.9%     |  |  |
| 13          |   |                         |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 14          | RX  | Claims-Weighted         | \$58,693,066  | 25%   | 7.5%        | -1.5%  | 5.9%              | \$54,658,099  | 24%   | 0.9%        | 0.1%   | 1.0%  | 13.0%       | 0.0%     | 13.0%   | 7.1%      |  |  |
| 15          | TOTAL   | Claims-Weighted         | \$232,875,032 | 100%  | 5.7%        | 1.2%   | 6.9%              | \$228,912,864 | 100%  | 3.2%        | 3.5%   | 6.8%  | 6.1%        | 1.1%     | 7.2%    | 0.3%      |  |  |
| 16          |   |                         |               |       |             |        |                   |               |       |             |        |       |             |          |         |           |  |  |
| 17          | Weighted Total DC (BlueChoice & GHMSI Combined) |                         |               |       |             |        |                   |               |       |             |        |       |             |          | 7.2%    |           |  |  |

\* Includes grandfathered Small Group business.

\*\* Note: The total trend shown is claims-weighted. The actual pricing trend utilized is 7.0%, calculated on a PMPM basis.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**2016 ACA - PLAN LEVEL DERIVATIONS**  
**SG DC GHMSI**

|   | 1                      | 2           | 3      | 4      | 5             | 6                              | 7        | 8              | 9          | 10                           | 11         | 12             | 13               | 14         | 15           | 16      | 17              | 18           | 19                                | 20          | 21       | 22       |   |
|---|------------------------|-------------|--------|--------|---------------|--------------------------------|----------|----------------|------------|------------------------------|------------|----------------|------------------|------------|--------------|---------|-----------------|--------------|-----------------------------------|-------------|----------|----------|---|
|   | Actual                 | ON-Exchange |        |        | INDEX RATE    | Market-Level Adjustments (MLA) |          |                | INDEX RATE | Plan-Level Adjustments (PLA) |            |                |                  |            |              |         |                 | INDEX RATE   |                                   | Calibration | BASE     | BASE     |   |
|   | 2/28/2015              | 1Q16 Cohort |        |        |               |                                |          |                |            |                              |            |                |                  |            |              |         |                 |              | Allowable Rating Factors (ARFs) * | PREMIUM     | PREMIUM  |          |   |
|   | Mapped                 | Projected   |        |        | (Ave ALW EHB) | Reins.                         | Risk Adj | Exch User Fees | (Post-MLA) | CF Pricing Value             | CDH Factor | Induced Demand | = (12)x(13)x(14) | Cost Share | Network & UM | Non-EHB | Distrib & Admin | (Plan-Level) | 2016 HHS AV                       | Age         | 1Q16     | 1Q15     | Change in Plan Level Index Rate (1Q16 / 1Q15) |
| Benefit Plan  |                        | EMMs        | %      |        |               |                                |          |                |            |                              |            |                |                  |            |              |         |                 |              |                                   |             |          |          |   |
| Silver Plans  | Ded.                   | OOP Max     |        |        |               |                                |          |                |            |                              |            |                |                  |            |              |         |                 |              |                                   |             |          |          |   |
| BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) | \$2,000 (Integrated)   | \$4,750     | 11     | 252    | 0.3%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7064     | 0.9600         | 1.0100           | 0.6849     | 1.0000       | 1.0000  | 1.3324          | \$441.06     | 0.7199                            | 0.9497      | \$418.86 | \$343.45 | 22.0%   |
| BluePreferred PPO Silver 1000                                     | \$1,000 Med / \$100 Rx | \$6,850     | 170    | 768    | 0.8%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7001     | 1.0070         | 1.0100           | 0.7120     | 1.0000       | 1.0057  | 1.3324          | \$461.08     | 0.7145                            | 0.9497      | \$437.88 | \$316.26 | 38.5%   |
| BluePreferred PPO HSA/HRA Silver 1500                             | \$1,500 (Integrated)   | \$6,550     | 2,874  | 7,320  | 7.6%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7043     | 0.9600         | 1.0100           | 0.6828     | 1.0000       | 1.0057  | 1.3324          | \$442.20     | 0.7157                            | 0.9497      | \$419.94 | \$412.06 | 1.9%  |
| BluePreferred PPO HSA/HRA Silver 2000                             | \$2,000 (Integrated)   | \$6,000     | 1,703  | 4,416  | 4.6%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.6847     | 0.9600         | 1.0100           | 0.6638     | 1.0000       | 1.0057  | 1.3324          | \$429.91     | 0.6959                            | 0.9497      | \$408.27 | \$352.72 | 15.7%   |
| HealthyBlue PPO HSA/HRA Silver 2000                               | \$2,000 (Integrated)   | \$6,550     | 279    | 1,020  | 1.1%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7110     | 0.9600         | 1.0100           | 0.6893     | 1.0000       | 1.0057  | 1.3324          | \$446.40     | 0.7191                            | 0.9497      | \$423.93 | \$359.07 | 18.1%   |
| Gold Plans  |                        |             |        |        |               |                                |          |                |            |                              |            |                |                  |            |              |         |                 |              |                                   |             |          |          |   |
| BlueCross BlueShield Preferred 1000, a Multi-State Plan (HSA/HRA) | \$1,000 (Integrated)   | \$3,500     | 340    | 840    | 0.9%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7945     | 1.0070         | 1.0539           | 0.8431     | 1.0000       | 1.0000  | 1.3324          | \$542.92     | 0.8160                            | 0.9497      | \$515.59 | \$429.36 | 20.1%   |
| BluePreferred PPO Gold 500  | \$500 Med / \$250 Rx   | \$4,000     | 368    | 912    | 0.9%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.8087     | 1.0070         | 1.0539           | 0.8582     | 1.0000       | 1.0057  | 1.3324          | \$555.77     | 0.8150                            | 0.9497      | \$527.80 | \$455.38 | 15.9%   |
| BluePreferred PPO Gold 1000                                       | \$1,000 Med / \$250 Rx | \$4,000     | 5,171  | 13,560 | 14.1%         | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7878     | 1.0070         | 1.0539           | 0.8361     | 1.0000       | 1.0057  | 1.3324          | \$541.45     | 0.7907                            | 0.9497      | \$514.20 | \$444.04 | 15.8%   |
| BluePreferred PPO Gold 1500                                       | \$1,500 Med / \$250 Rx | \$3,000     | 3,200  | 7,884  | 8.2%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7842     | 1.0070         | 1.0539           | 0.8322     | 1.0000       | 1.0057  | 1.3324          | \$538.93     | 0.7801                            | 0.9497      | \$511.80 | \$425.72 | 20.2%   |
| HealthyBlue PPO Gold 1500   | \$1,500 Med / \$0 Rx   | \$5,500     | 2,367  | 5,832  | 6.1%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7948     | 1.0070         | 1.0539           | 0.8435     | 1.0000       | 1.0057  | 1.3324          | \$546.26     | 0.8178                            | 0.9497      | \$518.76 | \$453.01 | 14.5%   |
| Platinum Plans  |                        |             |        |        |               |                                |          |                |            |                              |            |                |                  |            |              |         |                 |              |                                   |             |          |          |   |
| BluePreferred PPO Platinum 0                                      | \$0 Med / \$0 Rx       | \$1,500     | 12,535 | 35,772 | 37.2%         | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.9113     | 1.0070         | 1.1417           | 1.0477     | 1.0000       | 1.0057  | 1.3324          | \$678.51     | 0.9109                            | 0.9497      | \$644.36 | \$561.89 | 14.7%   |
| BluePreferred PPO Platinum 500                                    | \$500 Med / \$0 Rx     | \$1,500     | 5,321  | 16,272 | 16.9%         | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.8744     | 1.0070         | 1.1417           | 1.0053     | 1.0000       | 1.0057  | 1.3324          | \$651.02     | 0.8843                            | 0.9497      | \$618.25 | \$521.57 | 18.5%   |
| HealthyBlue PPO Platinum 500                                      | \$500 Med / \$0 Rx     | \$1,500     | 350    | 900    | 0.9%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.9033     | 1.0070         | 1.1417           | 1.0385     | 1.0000       | 1.0057  | 1.3324          | \$672.52     | 0.8890                            | 0.9497      | \$638.67 | \$539.71 | 18.3%   |
| HealthyBlue PPO Platinum 1000                                     | \$1,000 Med / \$0 Rx   | \$1,500     | 200    | 504    | 0.5%          | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.8762     | 1.0070         | 1.1417           | 1.0073     | 1.0000       | 1.0057  | 1.3324          | \$652.35     | 0.8804                            | 0.9497      | \$619.52 | \$525.52 | 17.9%   |
| SILVER SUBTOTAL:  |                        |             | 5,037  | 13,776 | 14.3%         | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.6983     | 0.9626         | 1.0100           | 0.6789     | 1.0000       | 1.0056  | 1.3324          | \$439.60     | 0.7096                            | 0.9497      | \$417.47 | \$385.68 | 8.8%  |
| GOLD SUBTOTAL:  |                        |             | 11,446 | 29,028 | 30.2%         | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.7891     | 1.0070         | 1.0539           | 0.8374     | 1.0000       | 1.0055  | 1.3324          | \$542.22     | 0.7948                            | 0.9497      | \$514.93 | \$440.70 | 16.9%   |
| PLATINUM SUBTOTAL:  |                        |             | 18,406 | 53,448 | 55.5%         | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.8996     | 1.0070         | 1.1417           | 1.0343     | 1.0000       | 1.0057  | 1.3324          | \$669.79     | 0.9022                            | 0.9497      | \$636.08 | \$549.42 | 15.9%   |
| GRAND TOTAL:  |                        |             | 34,889 | 96,252 | 100.0%        | \$522.72                       | 1.0043   | 0.9206         | 1.0000     | \$483.28                     | 0.8375     | 1.0006         | 1.0963           | 0.9240     | 1.0000       | 1.0056  | 1.3324          | \$598.37     | 0.842                             | 0.9497      | \$568.26 | \$490.11 | 15.2%   |

\* Geographic and Tobacco calibration factors both = 1.000.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**GHMSI Plan Level Rate Derivation - 1/1/2016**

*Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB*

| Plan   | BlueCross BlueShield Preferred 1000, a Multi-State Plan | BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) | BluePreferred PPO Platinum 0         | HealthyBlue PPO Platinum 500        | BluePreferred PPO Platinum 500       | BluePreferred PPO Gold 500           | HealthyBlue PPO Platinum 1000       | BluePreferred PPO Gold 1000          |
|--|---|---|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|
| HIOS Product ID  | 78079DC017  | 78079DC017  | 78079DC022                           | 78079DC022                          | 78079DC022                           | 78079DC022                           | 78079DC022                          | 78079DC022                           |
| HIOS Plan ID   | 78079DC0170001  | 78079DC0170002  | 78079DC0220024                       | 78079DC0220030                      | 78079DC0220025                       | 78079DC0220021                       | 78079DC0220029                      | 78079DC0220020                       |
| Metal Level  | Gold  | Silver  | Platinum                             | Platinum                            | Platinum                             | Gold                                 | Platinum                            | Gold                                 |
| Metallic AV  | 81.60%  | 71.99%  | 91.09%                               | 88.90%                              | 88.43%                               | 81.50%                               | 88.04%                              | 79.07%                               |
| On / Off Exchange  | On  | On  | On                                   | On                                  | On                                   | On                                   | On                                  | On                                   |
| Network Type   | Regional Preferred (RPN)                                | Regional Preferred (RPN)  | Regional Preferred (RPN)             | Regional Preferred (RPN)            | Regional Preferred (RPN)             | Regional Preferred (RPN)             | Regional Preferred (RPN)            | Regional Preferred (RPN)             |
| High Level Benefit Description                           |   |   |                                      |                                     |                                      |                                      |                                     |                                      |
| Integrated Individual Deductible                         | Y   | Y   | N                                    | N                                   | N                                    | N                                    | N                                   | N                                    |
| Individual OOP Max                                       | \$1,000 (Integrated)<br>\$3,500                         | \$2,000 (Integrated)<br>\$4,750                                   | \$0 Med / \$0 Rx<br>\$1,500          | \$500 Med / \$0 Rx<br>\$1,500       | \$500 Med / \$0 Rx<br>\$1,500        | \$500 Med / \$250 Rx<br>\$4,000      | \$1,000 Med / \$0 Rx<br>\$1,500     | \$1,000 Med / \$250 Rx<br>\$4,000    |
| Member Copay/Coinsurance                                 | 10%   | 20%   | \$10 PCP/\$20 Spec/\$100 ER/\$200 IP | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP | \$10 PCP/\$20 Spec/\$100 ER/\$200 IP | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP |
| Rx Copays:   |   |   |                                      |                                     |                                      |                                      |                                     |                                      |
| Retail Generic   | \$10  | \$10  | \$10                                 | \$0                                 | \$10                                 | \$10                                 | \$0                                 | \$10                                 |
| Retail Preferred Brand                                   | 20%   | 20%   | \$45                                 | \$45                                | \$45                                 | \$45                                 | \$45                                | \$45                                 |
| Retail NonPreferred Brand                                | 40%   | 40%   | \$65                                 | \$65                                | \$65                                 | \$65                                 | \$65                                | \$65                                 |
| Specialty  | 50% (\$150 Max Copay)                                   | 50% (\$150 Max Copay)   | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                |
| Embedded Pediatric Dental Benefit Deductible (Class 2-4) | \$25  | \$25  | \$25                                 | \$25                                | \$25                                 | \$25                                 | \$25                                | \$25                                 |
| Class 1  | 0%  | 0%  | 0%                                   | 0%                                  | 0%                                   | 0%                                   | 0%                                  | 0%                                   |
| Class 2  | 20%   | 20%   | 20%                                  | 20%                                 | 20%                                  | 20%                                  | 20%                                 | 20%                                  |
| Class 3  | 20%   | 20%   | 20%                                  | 20%                                 | 20%                                  | 20%                                  | 20%                                 | 20%                                  |
| Class 4  | 50%   | 50%   | 50%                                  | 50%                                 | 50%                                  | 50%                                  | 50%                                 | 50%                                  |
| Class 5  | 50%   | 50%   | 50%                                  | 50%                                 | 50%                                  | 50%                                  | 50%                                 | 50%                                  |
| Out of Pocket Max  | Embedded in Med & Rx                                    | Embedded in Med & Rx  | Embedded in Med & Rx                 | Embedded in Med & Rx                | Embedded in Med & Rx                 | Embedded in Med & Rx                 | Embedded in Med & Rx                | Embedded in Med & Rx                 |
| Index Rate (Projected EHB Allowed PMPM)                  | \$522.72  | \$522.72  | \$522.72                             | \$522.72                            | \$522.72                             | \$522.72                             | \$522.72                            | \$522.72                             |
| Market Level Adjustments:                                |   |   |                                      |                                     |                                      |                                      |                                     |                                      |
| Reinsurance  | 1.0043  | 1.0043  | 1.0043                               | 1.0043                              | 1.0043                               | 1.0043                               | 1.0043                              | 1.0043                               |
| Risk Adjustment  | 0.9206  | 0.9206  | 0.9206                               | 0.9206                              | 0.9206                               | 0.9206                               | 0.9206                              | 0.9206                               |
| Exchange User Fees                                       | 1.0000  | 1.0000  | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               |
| Market Adjusted Index Rate (PMPM)                        | \$483.28  | \$483.28  | \$483.28                             | \$483.28                            | \$483.28                             | \$483.28                             | \$483.28                            | \$483.28                             |
| Plan Level Adjustments                                   |   |   |                                      |                                     |                                      |                                      |                                     |                                      |
| Cost-Sharing Factor                                      | 0.8431  | 0.6849  | 1.0477                               | 1.0385                              | 1.0053                               | 0.8582                               | 1.0073                              | 0.8361                               |
| Network &UM  | 1.0000  | 1.0000  | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               |
| Non-EHB *  | 1.0000  | 1.0000  | 1.0057                               | 1.0057                              | 1.0057                               | 1.0057                               | 1.0057                              | 1.0057                               |
| Catastrophic Adj   | 1.0000  | 1.0000  | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               |
| Distribution and Admin Cost                              | 1.3324  | 1.3324  | 1.3324                               | 1.3324                              | 1.3324                               | 1.3324                               | 1.3324                              | 1.3324                               |
| Plan Adjusted Index Rate (PMPM)                          | \$542.92  | \$441.06  | \$678.51                             | \$672.52                            | \$651.02                             | \$555.77                             | \$652.35                            | \$541.45                             |
| Calibrations to Consumer Level Rating Factors            |   |   |                                      |                                     |                                      |                                      |                                     |                                      |
| Age Calibration  | 0.9497  | 0.9497  | 0.9497                               | 0.9497                              | 0.9497                               | 0.9497                               | 0.9497                              | 0.9497                               |
| Geo Calibration  | 1.0000  | 1.0000  | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               |
| Tobacco Calibration                                      | 1.0000  | 1.0000  | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               |
| Consumer Level Base Rate                                 | \$515.59  | \$418.86  | \$644.36                             | \$638.67                            | \$618.25                             | \$527.80                             | \$619.52                            | \$514.20                             |
| Pricing AV   | 112.3%  | 91.3%   | 140.4%                               | 139.2%                              | 134.7%                               | 115.0%                               | 135.0%                              | 112.0%                               |
| Estimated Plan DICR                                      | 74.7%   | 74.7%   | 74.7%                                | 74.7%                               | 74.7%                                | 74.7%                                | 74.7%                               | 74.7%                                |
| Projected Member Months                                  | 840   | 252   | 35,772                               | 900                                 | 16,272                               | 912                                  | 504                                 | 13,560                               |
| Membership Distribution                                  | 0.9%  | 0.3%  | 37.2%                                | 0.9%                                | 16.9%                                | 0.9%                                 | 0.5%                                | 14.1%                                |

\* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, a Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI Plan Level Rate Derivation - 1/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

| Plan   | BluePreferred PPO Silver 1000        | HealthyBlue PPO Gold 1500           | BluePreferred PPO Gold 1500          | BluePreferred PPO HSA/HRA Silver 1500 | HealthyBlue PPO HSA/HRA Silver 2000 | BluePreferred PPO HSA/HRA Silver 2000 |
|--|--------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| HIOS Product ID  | 78079DC022                           | 78079DC022                          | 78079DC022                           | 78079DC022                            | 78079DC022                          | 78079DC022                            |
| HIOS Plan ID   | 78079DC0220026                       | 78079DC0220027                      | 78079DC0220031                       | 78079DC0220022                        | 78079DC0220028                      | 78079DC0220023                        |
| Metal Level  | Silver                               | Gold                                | Gold                                 | Silver                                | Silver                              | Silver                                |
| Metallic AV  | 71.45%                               | 81.78%                              | 78.01%                               | 71.57%                                | 71.91%                              | 69.59%                                |
| On / Off Exchange  | On                                   | On                                  | On                                   | On                                    | On                                  | On                                    |
| Network Type   | Regional Preferred (RPN)             | Regional Preferred (RPN)            | Regional Preferred (RPN)             | Regional Preferred (RPN)              | Regional Preferred (RPN)            | Regional Preferred (RPN)              |
| High Level Benefit Description                           |                                      |                                     |                                      |                                       |                                     |                                       |
| Integrated Individual Deductible                         | N                                    | N                                   | N                                    | Y                                     | Y                                   | Y                                     |
| Individual OOP Max                                       | \$1,000 Med / \$100 Rx<br>\$6,850    | \$1,500 Med / \$0 Rx<br>\$5,500     | \$1,500 Med / \$250 Rx<br>\$3,000    | \$1,500 (Integrated)<br>\$6,550       | \$2,000 (Integrated)<br>\$6,550     | \$2,000 (Integrated)<br>\$6,000       |
| Member Copay/Coinsurance                                 | \$40 PCP/\$80 Spec/\$400 ER/\$500 IP | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP | \$25 PCP/\$50 Spec/\$250 ER/\$500 IP  | \$0 PCP/\$45 Spec/\$200 ER/\$500 IP | \$25 PCP/\$50 Spec/\$250 ER/\$500 IP  |
| Rx Copays:   |                                      |                                     |                                      |                                       |                                     |                                       |
| Retail Generic   | \$10                                 | \$0                                 | \$10                                 | \$10                                  | \$0                                 | \$10                                  |
| Retail Preferred Brand                                   | \$45                                 | \$45                                | \$45                                 | \$45                                  | \$45                                | \$45                                  |
| Retail NonPreferred Brand                                | \$65                                 | \$65                                | \$65                                 | \$65                                  | \$65                                | \$65                                  |
| Specialty  | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)                 | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                 |
| Embedded Pediatric Dental Benefit Deductible (Class 2-4) | \$25                                 | \$25                                | \$25                                 | \$25                                  | \$25                                | \$25                                  |
| Class 1  | 0%                                   | 0%                                  | 0%                                   | 0%                                    | 0%                                  | 0%                                    |
| Class 2  | 20%                                  | 20%                                 | 20%                                  | 20%                                   | 20%                                 | 20%                                   |
| Class 3  | 20%                                  | 20%                                 | 20%                                  | 20%                                   | 20%                                 | 20%                                   |
| Class 4  | 50%                                  | 50%                                 | 50%                                  | 50%                                   | 50%                                 | 50%                                   |
| Class 5  | 50%                                  | 50%                                 | 50%                                  | 50%                                   | 50%                                 | 50%                                   |
| Out of Pocket Max  | Embedded in Med & Rx                 | Embedded in Med & Rx                | Embedded in Med & Rx                 | Embedded in Med & Rx                  | Embedded in Med & Rx                | Embedded in Med & Rx                  |
| Index Rate (Projected EHB Allowed PMPM)                  | \$522.72                             | \$522.72                            | \$522.72                             | \$522.72                              | \$522.72                            | \$522.72                              |
| Market Level Adjustments:                                |                                      |                                     |                                      |                                       |                                     |                                       |
| Reinsurance  | 1.0043                               | 1.0043                              | 1.0043                               | 1.0043                                | 1.0043                              | 1.0043                                |
| Risk Adjustment  | 0.9206                               | 0.9206                              | 0.9206                               | 0.9206                                | 0.9206                              | 0.9206                                |
| Exchange User Fees                                       | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Market Adjusted Index Rate (PMPM)                        | \$483.28                             | \$483.28                            | \$483.28                             | \$483.28                              | \$483.28                            | \$483.28                              |
| Plan Level Adjustments                                   |                                      |                                     |                                      |                                       |                                     |                                       |
| Cost-Sharing Factor                                      | 0.7120                               | 0.8435                              | 0.8322                               | 0.6828                                | 0.6893                              | 0.6638                                |
| Network &UM  | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Non-EHB *  | 1.0057                               | 1.0057                              | 1.0057                               | 1.0057                                | 1.0057                              | 1.0057                                |
| Catastrophic Adj   | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Distribution and Admin Cost                              | 1.3324                               | 1.3324                              | 1.3324                               | 1.3324                                | 1.3324                              | 1.3324                                |
| Plan Adjusted Index Rate (PMPM)                          | \$461.08                             | \$546.26                            | \$538.93                             | \$442.20                              | \$446.40                            | \$429.91                              |
| Calibrations to Consumer Level Rating Factors            |                                      |                                     |                                      |                                       |                                     |                                       |
| Age Calibration  | 0.9497                               | 0.9497                              | 0.9497                               | 0.9497                                | 0.9497                              | 0.9497                                |
| Geo Calibration  | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Tobacco Calibration                                      | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Consumer Level Base Rate                                 | \$437.88                             | \$518.76                            | \$511.80                             | \$419.94                              | \$423.93                            | \$408.27                              |
| Pricing AV   | 95.4%                                | 113.0%                              | 111.5%                               | 91.5%                                 | 92.4%                               | 89.0%                                 |
| Estimated Plan DICR                                      | 74.7%                                | 74.7%                               | 74.7%                                | 74.7%                                 | 74.7%                               | 74.7%                                 |
| Projected Member Months                                  | 768                                  | 5,832                               | 7,884                                | 7,320                                 | 1,020                               | 4,416                                 |
| Membership Distribution                                  | 0.8%                                 | 6.1%                                | 8.2%                                 | 7.6%                                  | 1.1%                                | 4.6%                                  |

\* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, a Mult

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI Plan Level Rate Derivation - 4/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

| Plan   | BlueCross BlueShield Preferred 1000, a Multi-State Plan<br>78079DC017 | BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA)<br>78079DC017 | BluePreferred PPO Platinum 0<br>78079DC022 | HealthyBlue PPO Platinum 500<br>78079DC022 | BluePreferred PPO Platinum 500<br>78079DC022 | BluePreferred PPO Gold 500<br>78079DC022 | HealthyBlue PPO Platinum 1000<br>78079DC022 |
|--|---|---|--|--|--|--|---|
| HIOS Product ID  | 78079DC017  | 78079DC017  | 78079DC022                                 | 78079DC022                                 | 78079DC022                                   | 78079DC022                               | 78079DC022                                  |
| HIOS Plan ID   | 78079DC0170001  | 78079DC0170002  | 78079DC0220024                             | 78079DC0220030                             | 78079DC0220025                               | 78079DC0220021                           | 78079DC0220029                              |
| Metal Level  | Gold  | Silver  | Platinum                                   | Platinum                                   | Platinum                                     | Gold                                     | Platinum                                    |
| Metallic AV  | 81.60%  | 71.99%  | 91.09%                                     | 88.90%                                     | 88.43%                                       | 81.50%                                   | 88.04%                                      |
| On / Off Exchange  | On  | On  | On   | On   | On   | On                                       | On  |
| Network Type   | Regional Preferred (RPN)  | Regional Preferred (RPN)  | Regional Preferred (RPN)                   | Regional Preferred (RPN)                   | Regional Preferred (RPN)                     | Regional Preferred (RPN)                 | Regional Preferred (RPN)                    |
| High Level Benefit Description                           |   |   |  |  |  |  |   |
| Integrated Individual Deductible                         | Y   | Y   | N  | N  | N  | N  | N   |
| Individual OOP Max                                       | \$1,000 (Integrated)<br>\$3,500                                       | \$2,000 (Integrated)<br>\$4,750   | \$0 Med / \$0 Rx<br>\$1,500                | \$500 Med / \$0 Rx<br>\$1,500              | \$500 Med / \$0 Rx<br>\$1,500                | \$500 Med / \$250 Rx<br>\$4,000          | \$1,000 Med / \$0 Rx<br>\$1,500             |
| Member Copay/Coinsurance                                 | 10%   | 20%   | \$10 PCP/\$20 Spec/\$100 ER/\$200 IP       | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP        | \$10 PCP/\$20 Spec/\$100 ER/\$200 IP         | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP     | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP         |
| Rx Copays:   |   |   |  |  |  |  |   |
| Retail Generic   | \$10  | \$10  | \$10                                       | \$0  | \$10   | \$10                                     | \$0   |
| Retail Preferred Brand                                   | 20%   | 20%   | \$45                                       | \$45                                       | \$45   | \$45                                     | \$45  |
| Retail NonPreferred Brand                                | 40%   | 40%   | \$65                                       | \$65                                       | \$65   | \$65                                     | \$65  |
| Specialty  | 50% (\$150 Max Copay)   | 50% (\$150 Max Copay)   | 50% (\$150 Max Copay)                      | 50% (\$150 Max Copay)                      | 50% (\$150 Max Copay)                        | 50% (\$150 Max Copay)                    | 50% (\$150 Max Copay)                       |
| Embedded Pediatric Dental Benefit Deductible (Class 2-4) | \$25  | \$25  | \$25                                       | \$25                                       | \$25   | \$25                                     | \$25  |
| Class 1  | 0%  | 0%  | 0%   | 0%   | 0%   | 0%                                       | 0%  |
| Class 2  | 20%   | 20%   | 20%  | 20%  | 20%  | 20%                                      | 20%   |
| Class 3  | 20%   | 20%   | 20%  | 20%  | 20%  | 20%                                      | 20%   |
| Class 4  | 50%   | 50%   | 50%  | 50%  | 50%  | 50%                                      | 50%   |
| Class 5  | 50%   | 50%   | 50%  | 50%  | 50%  | 50%                                      | 50%   |
| Out of Pocket Max  | Embedded in Med & Rx  | Embedded in Med & Rx  | Embedded in Med & Rx                       | Embedded in Med & Rx                       | Embedded in Med & Rx                         | Embedded in Med & Rx                     | Embedded in Med & Rx                        |
| Index Rate (Projected EHB Allowed PMPM)                  | \$531.82  | \$531.82  | \$531.82                                   | \$531.82                                   | \$531.82                                     | \$531.82                                 | \$531.82                                    |
| Market Level Adjustments:                                |   |   |  |  |  |  |   |
| Reinsurance  | 1.0043  | 1.0043  | 1.0043                                     | 1.0043                                     | 1.0043                                       | 1.0043                                   | 1.0043                                      |
| Risk Adjustment  | 0.9205  | 0.9205  | 0.9205                                     | 0.9205                                     | 0.9205                                       | 0.9205                                   | 0.9205                                      |
| Exchange User Fees                                       | 1.0000  | 1.0000  | 1.0000                                     | 1.0000                                     | 1.0000                                       | 1.0000                                   | 1.0000                                      |
| Market Adjusted Index Rate (PMPM)                        | \$491.65  | \$491.65  | \$491.65                                   | \$491.65                                   | \$491.65                                     | \$491.65                                 | \$491.65                                    |
| Plan Level Adjustments                                   |   |   |  |  |  |  |   |
| Cost-Sharing Factor                                      | 0.8431  | 0.6849  | 1.0477                                     | 1.0385                                     | 1.0053                                       | 0.8582                                   | 1.0073                                      |
| Network &UM  | 1.0000  | 1.0000  | 1.0000                                     | 1.0000                                     | 1.0000                                       | 1.0000                                   | 1.0000                                      |
| Non-EHB *  | 1.0000  | 1.0000  | 1.0057                                     | 1.0057                                     | 1.0057                                       | 1.0057                                   | 1.0057                                      |
| Catastrophic Adj   | 1.0000  | 1.0000  | 1.0000                                     | 1.0000                                     | 1.0000                                       | 1.0000                                   | 1.0000                                      |
| Distribution and Admin Cost                              | 1.3292  | 1.3292  | 1.3292                                     | 1.3292                                     | 1.3292                                       | 1.3292                                   | 1.3292                                      |
| Plan Adjusted Index Rate (PMPM)                          | \$550.98  | \$447.60  | \$688.58                                   | \$682.50                                   | \$660.68                                     | \$564.02                                 | \$662.03                                    |
| Calibrations to Consumer Level Rating Factors            |   |   |  |  |  |  |   |
| Age Calibration  | 0.9497  | 0.9497  | 0.9497                                     | 0.9497                                     | 0.9497                                       | 0.9497                                   | 0.9497                                      |
| Geo Calibration  | 1.0000  | 1.0000  | 1.0000                                     | 1.0000                                     | 1.0000                                       | 1.0000                                   | 1.0000                                      |
| Tobacco Calibration                                      | 1.0000  | 1.0000  | 1.0000                                     | 1.0000                                     | 1.0000                                       | 1.0000                                   | 1.0000                                      |
| Consumer Level Base Rate                                 | \$523.25  | \$425.07  | \$653.92                                   | \$648.14                                   | \$627.43                                     | \$535.63                                 | \$628.71                                    |
| Pricing AV   | 112.1%  | 91.0%   | 140.1%                                     | 138.8%                                     | 134.4%                                       | 114.7%                                   | 134.7%                                      |
| Estimated Plan DICR                                      | 74.9%   | 74.9%   | 74.9%                                      | 74.9%                                      | 74.9%  | 74.9%                                    | 74.9%                                       |
| Projected Member Months                                  | 336   | 96  | 14,628                                     | 360  | 6,648  | 360                                      | 204   |
| Membership Distribution                                  | 0.9%  | 0.2%  | 37.2%                                      | 0.9%                                       | 16.9%  | 0.9%                                     | 0.5%  |

\* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, a Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI Plan Level Rate Derivation - 4/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

| Plan  | BluePreferred PPO Gold 1000          | BluePreferred PPO Silver 1000        | HealthyBlue PPO Gold 1500           | BluePreferred PPO Gold 1500          | BluePreferred PPO HSA/HRA Silver 1500 | HealthyBlue PPO HSA/HRA Silver 2000 | BluePreferred PPO HSA/HRA Silver 2000 |
|---|--------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| HIOS Product ID                               | 78079DC022                           | 78079DC022                           | 78079DC022                          | 78079DC022                           | 78079DC022                            | 78079DC022                          | 78079DC022                            |
| HIOS Plan ID                                  | 78079DC0220020                       | 78079DC0220026                       | 78079DC0220027                      | 78079DC0220031                       | 78079DC0220022                        | 78079DC0220028                      | 78079DC0220023                        |
| Metal Level                                   | Gold                                 | Silver                               | Gold                                | Gold                                 | Silver                                | Silver                              | Silver                                |
| Metallic AV                                   | 79.07%                               | 71.45%                               | 81.78%                              | 78.01%                               | 71.57%                                | 71.91%                              | 69.59%                                |
| On / Off Exchange                             | On                                   | On                                   | On                                  | On                                   | On                                    | On                                  | On                                    |
| Network Type                                  | Regional Preferred (RPN)             | Regional Preferred (RPN)             | Regional Preferred (RPN)            | Regional Preferred (RPN)             | Regional Preferred (RPN)              | Regional Preferred (RPN)            | Regional Preferred (RPN)              |
| High Level Benefit Description                |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Integrated Individual Deductible              | N                                    | N                                    | N                                   | N                                    | Y                                     | Y                                   | Y                                     |
| Individual OOP Max                            | \$1,000 Med / \$250 Rx \$4,000       | \$1,000 Med / \$100 Rx \$6,850       | \$1,500 Med / \$0 Rx \$5,500        | \$1,500 Med / \$250 Rx \$3,000       | \$1,500 (Integrated) \$6,550          | \$2,000 (Integrated) \$6,550        | \$2,000 (Integrated) \$6,000          |
| Member Copay/Coinsurance                      | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP | \$40 PCP/\$80 Spec/\$400 ER/\$500 IP | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP | \$25 PCP/\$50 Spec/\$250 ER/\$500 IP  | \$0 PCP/\$45 Spec/\$200 ER/\$500 IP | \$25 PCP/\$50 Spec/\$250 ER/\$500 IP  |
| Rx Copays:                                    |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Retail Generic                                | \$10                                 | \$10                                 | \$0                                 | \$10                                 | \$10                                  | \$0                                 | \$10                                  |
| Retail Preferred Brand                        | \$45                                 | \$45                                 | \$45                                | \$45                                 | \$45                                  | \$45                                | \$45                                  |
| Retail NonPreferred Brand                     | \$65                                 | \$65                                 | \$65                                | \$65                                 | \$65                                  | \$65                                | \$65                                  |
| Specialty                                     | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)                 | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                 |
| Embedded Pediatric Dental Benefit             |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Deductible (Class 2-4)                        | \$25                                 | \$25                                 | \$25                                | \$25                                 | \$25                                  | \$25                                | \$25                                  |
| Class 1                                       | 0%                                   | 0%                                   | 0%                                  | 0%                                   | 0%                                    | 0%                                  | 0%                                    |
| Class 2                                       | 20%                                  | 20%                                  | 20%                                 | 20%                                  | 20%                                   | 20%                                 | 20%                                   |
| Class 3                                       | 20%                                  | 20%                                  | 20%                                 | 20%                                  | 20%                                   | 20%                                 | 20%                                   |
| Class 4                                       | 50%                                  | 50%                                  | 50%                                 | 50%                                  | 50%                                   | 50%                                 | 50%                                   |
| Class 5                                       | 50%                                  | 50%                                  | 50%                                 | 50%                                  | 50%                                   | 50%                                 | 50%                                   |
| Out of Pocket Max                             | Embedded in Med & Rx                 | Embedded in Med & Rx                 | Embedded in Med & Rx                | Embedded in Med & Rx                 | Embedded in Med & Rx                  | Embedded in Med & Rx                | Embedded in Med & Rx                  |
| Index Rate (Projected EHB Allowed PMPM)       | \$531.82                             | \$531.82                             | \$531.82                            | \$531.82                             | \$531.82                              | \$531.82                            | \$531.82                              |
| Market Level Adjustments:                     |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Reinsurance                                   | 1.0043                               | 1.0043                               | 1.0043                              | 1.0043                               | 1.0043                                | 1.0043                              | 1.0043                                |
| Risk Adjustment                               | 0.9205                               | 0.9205                               | 0.9205                              | 0.9205                               | 0.9205                                | 0.9205                              | 0.9205                                |
| Exchange User Fees                            | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Market Adjusted Index Rate (PMPM)             | \$491.65                             | \$491.65                             | \$491.65                            | \$491.65                             | \$491.65                              | \$491.65                            | \$491.65                              |
| Plan Level Adjustments                        |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Cost-Sharing Factor                           | 0.8361                               | 0.7120                               | 0.8435                              | 0.8322                               | 0.6828                                | 0.6893                              | 0.6638                                |
| Network &UM                                   | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Non-EHB *                                     | 1.0057                               | 1.0057                               | 1.0057                              | 1.0057                               | 1.0057                                | 1.0057                              | 1.0057                                |
| Catastrophic Adj                              | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Distribution and Admin Cost                   | 1.3292                               | 1.3292                               | 1.3292                              | 1.3292                               | 1.3292                                | 1.3292                              | 1.3292                                |
| Plan Adjusted Index Rate (PMPM)               | \$549.48                             | \$467.93                             | \$554.36                            | \$546.92                             | \$448.76                              | \$453.03                            | \$436.29                              |
| Calibrations to Consumer Level Rating Factors |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Age Calibration                               | 0.9497                               | 0.9497                               | 0.9497                              | 0.9497                               | 0.9497                                | 0.9497                              | 0.9497                                |
| Geo Calibration                               | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Tobacco Calibration                           | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Consumer Level Base Rate                      | \$521.83                             | \$444.37                             | \$526.46                            | \$519.39                             | \$426.17                              | \$430.22                            | \$414.33                              |
| Pricing AV                                    | 111.8%                               | 95.2%                                | 112.8%                              | 111.2%                               | 91.3%                                 | 92.1%                               | 88.7%                                 |
| Estimated Plan DICR                           | 74.9%                                | 74.9%                                | 74.9%                               | 74.9%                                | 74.9%                                 | 74.9%                               | 74.9%                                 |
| Projected Member Months                       | 5,532                                | 324                                  | 2,388                               | 3,228                                | 2,988                                 | 420                                 | 1,812                                 |
| Membership Distribution                       | 14.1%                                | 0.8%                                 | 6.1%                                | 8.2%                                 | 7.6%                                  | 1.1%                                | 4.6%                                  |

\* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, a Multi-State Plan.



CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI Plan Level Rate Derivation - 7/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

| Plan  | BlueCross BlueShield Preferred 1000, a Multi-State Plan<br>78079DC017<br>78079DC0170001<br>Gold<br>81.60%<br>On | BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA)<br>78079DC017<br>78079DC0170002<br>Silver<br>71.99%<br>On | BluePreferred PPO Platinum 0<br>78079DC022<br>78079DC0220024<br>Platinum<br>91.09%<br>On | HealthyBlue PPO Platinum 500<br>78079DC022<br>78079DC0220030<br>Platinum<br>88.90%<br>On | BluePreferred PPO Platinum 500<br>78079DC022<br>78079DC0220025<br>Platinum<br>88.43%<br>On | BluePreferred PPO Gold 500<br>78079DC022<br>78079DC0220021<br>Gold<br>81.50%<br>On | HealthyBlue PPO Platinum 1000<br>78079DC022<br>78079DC0220029<br>Platinum<br>88.04%<br>On |
|---|---|---|--|--|--|--|---|
| HIOS Product ID                               | 78079DC017  | 78079DC017  | 78079DC022   | 78079DC022   | 78079DC022   | 78079DC022   | 78079DC022  |
| HIOS Plan ID                                  | 78079DC0170001  | 78079DC0170002  | 78079DC0220024   | 78079DC0220030   | 78079DC0220025   | 78079DC0220021   | 78079DC0220029  |
| Metal Level                                   | Gold  | Silver  | Platinum   | Platinum   | Platinum   | Gold   | Platinum  |
| Metallic AV                                   | 81.60%  | 71.99%  | 91.09%   | 88.90%   | 88.43%   | 81.50%   | 88.04%  |
| On / Off Exchange                             | On  | On  | On   | On   | On   | On   | On  |
| Network Type                                  | Regional Preferred (RPN)  | Regional Preferred (RPN)  | Regional Preferred (RPN)   | Regional Preferred (RPN)   | Regional Preferred (RPN)   | Regional Preferred (RPN)   | Regional Preferred (RPN)  |
| High Level Benefit Description                |   |   |  |  |  |  |   |
| Integrated Individual Deductible              | Y   | Y   | N  | N  | N  | N  | N   |
| Individual OOP Max                            | \$1,000 (Integrated)<br>\$3,500   | \$2,000 (Integrated)<br>\$4,750   | \$0 Med / \$0 Rx<br>\$1,500  | \$500 Med / \$0 Rx<br>\$1,500  | \$500 Med / \$0 Rx<br>\$1,500  | \$500 Med / \$250 Rx<br>\$4,000  | \$1,000 Med / \$0 Rx<br>\$1,500   |
| Member Copay/Coinsurance                      | 10%   | 20%   | \$10 PCP/\$20 Spec/\$100 ER/\$200 IP   | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP  | \$10 PCP/\$20 Spec/\$100 ER/\$200 IP   | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP   | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP   |
| Rx Copays:                                    |   |   |  |  |  |  |   |
| Retail Generic                                | \$10  | \$10  | \$10   | \$0  | \$10   | \$10   | \$0   |
| Retail Preferred Brand                        | 20%   | 20%   | \$45   | \$45   | \$45   | \$45   | \$45  |
| Retail NonPreferred Brand                     | 40%   | 40%   | \$65   | \$65   | \$65   | \$65   | \$65  |
| Specialty                                     | 50% (\$150 Max Copay)   | 50% (\$150 Max Copay)   | 50% (\$150 Max Copay)  | 50% (\$150 Max Copay)  | 50% (\$150 Max Copay)  | 50% (\$150 Max Copay)  | 50% (\$150 Max Copay)   |
| Embedded Pediatric Dental Benefit             |   |   |  |  |  |  |   |
| Deductible (Class 2-4)                        | \$25  | \$25  | \$25   | \$25   | \$25   | \$25   | \$25  |
| Class 1                                       | 0%  | 0%  | 0%   | 0%   | 0%   | 0%   | 0%  |
| Class 2                                       | 20%   | 20%   | 20%  | 20%  | 20%  | 20%  | 20%   |
| Class 3                                       | 20%   | 20%   | 20%  | 20%  | 20%  | 20%  | 20%   |
| Class 4                                       | 50%   | 50%   | 50%  | 50%  | 50%  | 50%  | 50%   |
| Class 5                                       | 50%   | 50%   | 50%  | 50%  | 50%  | 50%  | 50%   |
| Out of Pocket Max                             | Embedded in Med & Rx  | Embedded in Med & Rx  | Embedded in Med & Rx   | Embedded in Med & Rx   | Embedded in Med & Rx   | Embedded in Med & Rx   | Embedded in Med & Rx  |
| Index Rate (Projected EHB Allowed PMPM)       | \$541.09  | \$541.09  | \$541.09   | \$541.09   | \$541.09   | \$541.09   | \$541.09  |
| Market Level Adjustments:                     |   |   |  |  |  |  |   |
| Reinsurance                                   | 1.0042  | 1.0042  | 1.0042   | 1.0042   | 1.0042   | 1.0042   | 1.0042  |
| Risk Adjustment                               | 0.9205  | 0.9205  | 0.9205   | 0.9205   | 0.9205   | 0.9205   | 0.9205  |
| Exchange User Fees                            | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Market Adjusted Index Rate (PMPM)             | \$500.18  | \$500.18  | \$500.18   | \$500.18   | \$500.18   | \$500.18   | \$500.18  |
| Plan Level Adjustments                        |   |   |  |  |  |  |   |
| Cost-Sharing Factor                           | 0.8431  | 0.6849  | 1.0477   | 1.0385   | 1.0053   | 0.8582   | 1.0073  |
| Network &UM                                   | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Non-EHB *                                     | 1.0000  | 1.0000  | 1.0057   | 1.0057   | 1.0057   | 1.0057   | 1.0057  |
| Catastrophic Adj                              | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Distribution and Admin Cost                   | 1.3259  | 1.3259  | 1.3259   | 1.3259   | 1.3259   | 1.3259   | 1.3259  |
| Plan Adjusted Index Rate (PMPM)               | \$559.16  | \$454.25  | \$698.81   | \$692.64   | \$670.50   | \$572.40   | \$671.87  |
| Calibrations to Consumer Level Rating Factors |   |   |  |  |  |  |   |
| Age Calibration                               | 0.9497  | 0.9497  | 0.9497   | 0.9497   | 0.9497   | 0.9497   | 0.9497  |
| Geo Calibration                               | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Tobacco Calibration                           | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Consumer Level Base Rate                      | \$531.02  | \$431.39  | \$663.63   | \$657.77   | \$636.75   | \$543.59   | \$638.05  |
| Pricing AV                                    | 111.8%  | 90.8%   | 139.7%   | 138.5%   | 134.1%   | 114.4%   | 134.3%  |
| Estimated Plan DICR                           | 75.1%   | 75.1%   | 75.1%  | 75.1%  | 75.1%  | 75.1%  | 75.1%   |
| Projected Member Months                       | 780   | 228   | 33,348   | 840  | 15,168   | 852  | 468   |
| Membership Distribution                       | 0.9%  | 0.3%  | 37.2%  | 0.9%   | 16.9%  | 0.9%   | 0.5%  |

\* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, a Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI Plan Level Rate Derivation - 7/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

| Plan  | BluePreferred PPO Gold 1000            | BluePreferred PPO Silver 1000          | HealthyBlue PPO Gold 1500            | BluePreferred PPO Gold 1500            | BluePreferred PPO HSA/HRA Silver 1500 | HealthyBlue PPO HSA/HRA Silver 2000  | BluePreferred PPO HSA/HRA Silver 2000 |
|---|--|--|--------------------------------------|--|---------------------------------------|--------------------------------------|---------------------------------------|
| HIOS Product ID                               | 78079DC022                             | 78079DC022                             | 78079DC022                           | 78079DC022                             | 78079DC022                            | 78079DC022                           | 78079DC022                            |
| HIOS Plan ID                                  | 78079DC0220020                         | 78079DC0220026                         | 78079DC0220027                       | 78079DC0220031                         | 78079DC0220022                        | 78079DC0220028                       | 78079DC0220023                        |
| Metal Level                                   | Gold                                   | Silver                                 | Gold                                 | Gold                                   | Silver                                | Silver                               | Silver                                |
| Metallic AV                                   | 79.07%                                 | 71.45%                                 | 81.78%                               | 78.01%                                 | 71.57%                                | 71.91%                               | 69.59%                                |
| On / Off Exchange                             | On                                     | On                                     | On                                   | On                                     | On                                    | On                                   | On                                    |
| Network Type                                  | Regional Preferred (RPN)               | Regional Preferred (RPN)               | Regional Preferred (RPN)             | Regional Preferred (RPN)               | Regional Preferred (RPN)              | Regional Preferred (RPN)             | Regional Preferred (RPN)              |
| High Level Benefit Description                |  |  |                                      |  |                                       |                                      |                                       |
| Integrated Individual Deductible              | N<br>\$1,000 Med / \$250 Rx<br>\$4,000 | N<br>\$1,000 Med / \$100 Rx<br>\$6,850 | N<br>\$1,500 Med / \$0 Rx<br>\$5,500 | N<br>\$1,500 Med / \$250 Rx<br>\$3,000 | Y<br>\$1,500 (Integrated)<br>\$6,550  | Y<br>\$2,000 (Integrated)<br>\$6,550 | Y<br>\$2,000 (Integrated)<br>\$6,000  |
| Individual OOP Max                            |  |  |                                      |  |                                       |                                      |                                       |
| Member Copay/Coinsurance                      | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP   | \$40 PCP/\$80 Spec/\$400 ER/\$500 IP   | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP  | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP   | \$25 PCP/\$50 Spec/\$250 ER/\$500 IP  | \$0 PCP/\$45 Spec/\$200 ER/\$500 IP  | \$25 PCP/\$50 Spec/\$250 ER/\$500 IP  |
| Rx Copays:                                    |  |  |                                      |  |                                       |                                      |                                       |
| Retail Generic                                | \$10                                   | \$10                                   | \$0                                  | \$10                                   | \$10                                  | \$0                                  | \$10                                  |
| Retail Preferred Brand                        | \$45                                   | \$45                                   | \$45                                 | \$45                                   | \$45                                  | \$45                                 | \$45                                  |
| Retail NonPreferred Brand                     | \$65                                   | \$65                                   | \$65                                 | \$65                                   | \$65                                  | \$65                                 | \$65                                  |
| Specialty                                     | 50% (\$150 Max Copay)                  | 50% (\$150 Max Copay)                  | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)                  | 50% (\$150 Max Copay)                 | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)                 |
| Embedded Pediatric Dental Benefit             |  |  |                                      |  |                                       |                                      |                                       |
| Deductible (Class 2-4)                        | \$25                                   | \$25                                   | \$25                                 | \$25                                   | \$25                                  | \$25                                 | \$25                                  |
| Class 1                                       | 0%                                     | 0%                                     | 0%                                   | 0%                                     | 0%                                    | 0%                                   | 0%                                    |
| Class 2                                       | 20%                                    | 20%                                    | 20%                                  | 20%                                    | 20%                                   | 20%                                  | 20%                                   |
| Class 3                                       | 20%                                    | 20%                                    | 20%                                  | 20%                                    | 20%                                   | 20%                                  | 20%                                   |
| Class 4                                       | 50%                                    | 50%                                    | 50%                                  | 50%                                    | 50%                                   | 50%                                  | 50%                                   |
| Class 5                                       | 50%                                    | 50%                                    | 50%                                  | 50%                                    | 50%                                   | 50%                                  | 50%                                   |
| Out of Pocket Max                             | Embedded in Med & Rx                   | Embedded in Med & Rx                   | Embedded in Med & Rx                 | Embedded in Med & Rx                   | Embedded in Med & Rx                  | Embedded in Med & Rx                 | Embedded in Med & Rx                  |
| Index Rate (Projected EHB Allowed PMPM)       | \$541.09                               | \$541.09                               | \$541.09                             | \$541.09                               | \$541.09                              | \$541.09                             | \$541.09                              |
| Market Level Adjustments:                     |  |  |                                      |  |                                       |                                      |                                       |
| Reinsurance                                   | 1.0042                                 | 1.0042                                 | 1.0042                               | 1.0042                                 | 1.0042                                | 1.0042                               | 1.0042                                |
| Risk Adjustment                               | 0.9205                                 | 0.9205                                 | 0.9205                               | 0.9205                                 | 0.9205                                | 0.9205                               | 0.9205                                |
| Exchange User Fees                            | 1.0000                                 | 1.0000                                 | 1.0000                               | 1.0000                                 | 1.0000                                | 1.0000                               | 1.0000                                |
| Market Adjusted Index Rate (PMPM)             | \$500.18                               | \$500.18                               | \$500.18                             | \$500.18                               | \$500.18                              | \$500.18                             | \$500.18                              |
| Plan Level Adjustments                        |  |  |                                      |  |                                       |                                      |                                       |
| Cost-Sharing Factor                           | 0.8361                                 | 0.7120                                 | 0.8435                               | 0.8322                                 | 0.6828                                | 0.6893                               | 0.6638                                |
| Network &UM                                   | 1.0000                                 | 1.0000                                 | 1.0000                               | 1.0000                                 | 1.0000                                | 1.0000                               | 1.0000                                |
| Non-EHB *                                     | 1.0057                                 | 1.0057                                 | 1.0057                               | 1.0057                                 | 1.0057                                | 1.0057                               | 1.0057                                |
| Catastrophic Adj                              | 1.0000                                 | 1.0000                                 | 1.0000                               | 1.0000                                 | 1.0000                                | 1.0000                               | 1.0000                                |
| Distribution and Admin Cost                   | 1.3259                                 | 1.3259                                 | 1.3259                               | 1.3259                                 | 1.3259                                | 1.3259                               | 1.3259                                |
| Plan Adjusted Index Rate (PMPM)               | \$557.65                               | \$474.88                               | \$562.60                             | \$555.05                               | \$455.43                              | \$459.76                             | \$442.77                              |
| Calibrations to Consumer Level Rating Factors |  |  |                                      |  |                                       |                                      |                                       |
| Age Calibration                               | 0.9497                                 | 0.9497                                 | 0.9497                               | 0.9497                                 | 0.9497                                | 0.9497                               | 0.9497                                |
| Geo Calibration                               | 1.0000                                 | 1.0000                                 | 1.0000                               | 1.0000                                 | 1.0000                                | 1.0000                               | 1.0000                                |
| Tobacco Calibration                           | 1.0000                                 | 1.0000                                 | 1.0000                               | 1.0000                                 | 1.0000                                | 1.0000                               | 1.0000                                |
| Consumer Level Base Rate                      | \$529.58                               | \$450.98                               | \$534.28                             | \$527.11                               | \$432.51                              | \$436.62                             | \$420.49                              |
| Pricing AV                                    | 111.5%                                 | 94.9%                                  | 112.5%                               | 111.0%                                 | 91.1%                                 | 91.9%                                | 88.5%                                 |
| Estimated Plan DICR                           | 75.1%                                  | 75.1%                                  | 75.1%                                | 75.1%                                  | 75.1%                                 | 75.1%                                | 75.1%                                 |
| Projected Member Months                       | 12,636                                 | 720                                    | 5,436                                | 7,344                                  | 6,816                                 | 948                                  | 4,116                                 |
| Membership Distribution                       | 14.1%                                  | 0.8%                                   | 6.1%                                 | 8.2%                                   | 7.6%                                  | 1.1%                                 | 4.6%                                  |

\* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, a Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI Plan Level Rate Derivation - 10/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

| Plan   | BlueCross BlueShield Preferred 1000, a Multi-State Plan<br>78079DC017<br>78079DC0170001<br>Gold<br>81.60%<br>On | BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA)<br>78079DC017<br>78079DC0170002<br>Silver<br>71.99%<br>On | BluePreferred PPO Platinum 0<br>78079DC022<br>78079DC0220024<br>Platinum<br>91.09%<br>On | HealthyBlue PPO Platinum 500<br>78079DC022<br>78079DC0220030<br>Platinum<br>88.90%<br>On | BluePreferred PPO Platinum 500<br>78079DC022<br>78079DC0220025<br>Platinum<br>88.43%<br>On | BluePreferred PPO Gold 500<br>78079DC022<br>78079DC0220021<br>Gold<br>81.50%<br>On | HealthyBlue PPO Platinum 1000<br>78079DC022<br>78079DC0220029<br>Platinum<br>88.04%<br>On |
|--|---|---|--|--|--|--|---|
| HIOS Product ID  |   |   |  |  |  |  |   |
| HIOS Plan ID   |   |   |  |  |  |  |   |
| Metal Level  |   |   |  |  |  |  |   |
| Metallic AV  |   |   |  |  |  |  |   |
| On / Off Exchange  |   |   |  |  |  |  |   |
| Network Type   | Regional Preferred (RPN)  | Regional Preferred (RPN)  | Regional Preferred (RPN)   | Regional Preferred (RPN)   | Regional Preferred (RPN)   | Regional Preferred (RPN)   | Regional Preferred (RPN)  |
| High Level Benefit Description                           |   |   |  |  |  |  |   |
| Integrated Individual Deductible                         | Y   | Y   | N  | N  | N  | N  | N   |
| Individual OOP Max                                       | \$1,000 (Integrated)<br>\$3,500   | \$2,000 (Integrated)<br>\$4,750   | \$0 Med / \$0 Rx<br>\$1,500  | \$500 Med / \$0 Rx<br>\$1,500  | \$500 Med / \$0 Rx<br>\$1,500  | \$500 Med / \$250 Rx<br>\$4,000  | \$1,000 Med / \$0 Rx<br>\$1,500   |
| Member Copay/Coinsurance                                 | 10%   | 20%   | \$10 PCP/\$20 Spec/\$100 ER/\$200 IP   | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP  | \$10 PCP/\$20 Spec/\$100 ER/\$200 IP   | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP   | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP   |
| Rx Copays:   |   |   |  |  |  |  |   |
| Retail Generic   | \$10  | \$10  | \$10   | \$0  | \$10   | \$10   | \$0   |
| Retail Preferred Brand                                   | 20%   | 20%   | \$45   | \$45   | \$45   | \$45   | \$45  |
| Retail NonPreferred Brand                                | 40%   | 40%   | \$65   | \$65   | \$65   | \$65   | \$65  |
| Specialty  | 50% (\$150 Max Copay)   | 50% (\$150 Max Copay)   | 50% (\$150 Max Copay)  | 50% (\$150 Max Copay)  | 50% (\$150 Max Copay)  | 50% (\$150 Max Copay)  | 50% (\$150 Max Copay)   |
| Embedded Pediatric Dental Benefit Deductible (Class 2-4) | \$25  | \$25  | \$25   | \$25   | \$25   | \$25   | \$25  |
| Class 1  | 0%  | 0%  | 0%   | 0%   | 0%   | 0%   | 0%  |
| Class 2  | 20%   | 20%   | 20%  | 20%  | 20%  | 20%  | 20%   |
| Class 3  | 20%   | 20%   | 20%  | 20%  | 20%  | 20%  | 20%   |
| Class 4  | 50%   | 50%   | 50%  | 50%  | 50%  | 50%  | 50%   |
| Class 5  | 50%   | 50%   | 50%  | 50%  | 50%  | 50%  | 50%   |
| Out of Pocket Max  | Embedded in Med & Rx  | Embedded in Med & Rx  | Embedded in Med & Rx   | Embedded in Med & Rx   | Embedded in Med & Rx   | Embedded in Med & Rx   | Embedded in Med & Rx  |
| Index Rate (Projected EHB Allowed PMPM)                  | \$550.56  | \$550.56  | \$550.56   | \$550.56   | \$550.56   | \$550.56   | \$550.56  |
| Market Level Adjustments:                                |   |   |  |  |  |  |   |
| Reinsurance  | 1.0041  | 1.0041  | 1.0041   | 1.0041   | 1.0041   | 1.0041   | 1.0041  |
| Risk Adjustment  | 0.9205  | 0.9205  | 0.9205   | 0.9205   | 0.9205   | 0.9205   | 0.9205  |
| Exchange User Fees                                       | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Market Adjusted Index Rate (PMPM)                        | \$508.89  | \$508.89  | \$508.89   | \$508.89   | \$508.89   | \$508.89   | \$508.89  |
| Plan Level Adjustments                                   |   |   |  |  |  |  |   |
| Cost-Sharing Factor                                      | 0.8431  | 0.6849  | 1.0477   | 1.0385   | 1.0053   | 0.8582   | 1.0073  |
| Network &UM  | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Non-EHB *  | 1.0000  | 1.0000  | 1.0057   | 1.0057   | 1.0057   | 1.0057   | 1.0057  |
| Catastrophic Adj   | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Distribution and Admin Cost                              | 1.3228  | 1.3228  | 1.3228   | 1.3228   | 1.3228   | 1.3228   | 1.3228  |
| Plan Adjusted Index Rate (PMPM)                          | \$567.55  | \$461.06  | \$709.28   | \$703.02   | \$680.55   | \$580.98   | \$681.94  |
| Calibrations to Consumer Level Rating Factors            |   |   |  |  |  |  |   |
| Age Calibration  | 0.9497  | 0.9497  | 0.9497   | 0.9497   | 0.9497   | 0.9497   | 0.9497  |
| Geo Calibration  | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Tobacco Calibration                                      | 1.0000  | 1.0000  | 1.0000   | 1.0000   | 1.0000   | 1.0000   | 1.0000  |
| Consumer Level Base Rate                                 | \$538.98  | \$437.85  | \$673.58   | \$667.63   | \$646.29   | \$551.73   | \$647.62  |
| Pricing AV   | 111.5%  | 90.6%   | 139.4%   | 138.1%   | 133.7%   | 114.2%   | 134.0%  |
| Estimated Plan DICR                                      | 75.3%   | 75.3%   | 75.3%  | 75.3%  | 75.3%  | 75.3%  | 75.3%   |
| Projected Member Months                                  | 2,124   | 624   | 90,468   | 2,268  | 41,148   | 2,292  | 1,272   |
| Membership Distribution                                  | 0.9%  | 0.3%  | 37.2%  | 0.9%   | 16.9%  | 0.9%   | 0.5%  |

\* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, a Multi-State Plan.

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
GHMSI Plan Level Rate Derivation - 10/1/2016

Assumes Index Rate = Projected Pool Allowed Claims PMPM for EHB

| Plan  | BluePreferred PPO Gold 1000          | BluePreferred PPO Silver 1000        | HealthyBlue PPO Gold 1500           | BluePreferred PPO Gold 1500          | BluePreferred PPO HSA/HRA Silver 1500 | HealthyBlue PPO HSA/HRA Silver 2000 | BluePreferred PPO HSA/HRA Silver 2000 |
|---|--------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| HIOS Product ID                               | 78079DC022                           | 78079DC022                           | 78079DC022                          | 78079DC022                           | 78079DC022                            | 78079DC022                          | 78079DC022                            |
| HIOS Plan ID                                  | 78079DC0220020                       | 78079DC0220026                       | 78079DC0220027                      | 78079DC0220031                       | 78079DC0220022                        | 78079DC0220028                      | 78079DC0220023                        |
| Metal Level                                   | Gold                                 | Silver                               | Gold                                | Gold                                 | Silver                                | Silver                              | Silver                                |
| Metallic AV                                   | 79.07%                               | 71.45%                               | 81.78%                              | 78.01%                               | 71.57%                                | 71.91%                              | 69.59%                                |
| On / Off Exchange                             | On                                   | On                                   | On                                  | On                                   | On                                    | On                                  | On                                    |
| Network Type                                  | Regional Preferred (RPN)             | Regional Preferred (RPN)             | Regional Preferred (RPN)            | Regional Preferred (RPN)             | Regional Preferred (RPN)              | Regional Preferred (RPN)            | Regional Preferred (RPN)              |
| High Level Benefit Description                |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Integrated Individual Deductible              | N                                    | N                                    | N                                   | N                                    | Y                                     | Y                                   | Y                                     |
| Individual OOP Max                            | \$1,000 Med / \$250 Rx \$4,000       | \$1,000 Med / \$100 Rx \$6,850       | \$1,500 Med / \$0 Rx \$5,500        | \$1,500 Med / \$250 Rx \$3,000       | \$1,500 (Integrated) \$6,550          | \$2,000 (Integrated) \$6,550        | \$2,000 (Integrated) \$6,000          |
| Member Copay/Coinsurance                      | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP | \$40 PCP/\$80 Spec/\$400 ER/\$500 IP | \$0 PCP/\$30 Spec/\$200 ER/\$500 IP | \$15 PCP/\$30 Spec/\$250 ER/\$400 IP | \$25 PCP/\$50 Spec/\$250 ER/\$500 IP  | \$0 PCP/\$45 Spec/\$200 ER/\$500 IP | \$25 PCP/\$50 Spec/\$250 ER/\$500 IP  |
| Rx Copays:                                    |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Retail Generic                                | \$10                                 | \$10                                 | \$0                                 | \$10                                 | \$10                                  | \$0                                 | \$10                                  |
| Retail Preferred Brand                        | \$45                                 | \$45                                 | \$45                                | \$45                                 | \$45                                  | \$45                                | \$45                                  |
| Retail NonPreferred Brand                     | \$65                                 | \$65                                 | \$65                                | \$65                                 | \$65                                  | \$65                                | \$65                                  |
| Specialty                                     | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                | 50% (\$150 Max Copay)                 | 50% (\$150 Max Copay)               | 50% (\$150 Max Copay)                 |
| Embedded Pediatric Dental Benefit             |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Deductible (Class 2-4)                        | \$25                                 | \$25                                 | \$25                                | \$25                                 | \$25                                  | \$25                                | \$25                                  |
| Class 1                                       | 0%                                   | 0%                                   | 0%                                  | 0%                                   | 0%                                    | 0%                                  | 0%                                    |
| Class 2                                       | 20%                                  | 20%                                  | 20%                                 | 20%                                  | 20%                                   | 20%                                 | 20%                                   |
| Class 3                                       | 20%                                  | 20%                                  | 20%                                 | 20%                                  | 20%                                   | 20%                                 | 20%                                   |
| Class 4                                       | 50%                                  | 50%                                  | 50%                                 | 50%                                  | 50%                                   | 50%                                 | 50%                                   |
| Class 5                                       | 50%                                  | 50%                                  | 50%                                 | 50%                                  | 50%                                   | 50%                                 | 50%                                   |
| Out of Pocket Max                             | Embedded in Med & Rx                 | Embedded in Med & Rx                 | Embedded in Med & Rx                | Embedded in Med & Rx                 | Embedded in Med & Rx                  | Embedded in Med & Rx                | Embedded in Med & Rx                  |
| Index Rate (Projected EHB Allowed PMPM)       | \$550.56                             | \$550.56                             | \$550.56                            | \$550.56                             | \$550.56                              | \$550.56                            | \$550.56                              |
| Market Level Adjustments:                     |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Reinsurance                                   | 1.0041                               | 1.0041                               | 1.0041                              | 1.0041                               | 1.0041                                | 1.0041                              | 1.0041                                |
| Risk Adjustment                               | 0.9205                               | 0.9205                               | 0.9205                              | 0.9205                               | 0.9205                                | 0.9205                              | 0.9205                                |
| Exchange User Fees                            | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Market Adjusted Index Rate (PMPM)             | \$508.89                             | \$508.89                             | \$508.89                            | \$508.89                             | \$508.89                              | \$508.89                            | \$508.89                              |
| Plan Level Adjustments                        |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Cost-Sharing Factor                           | 0.8361                               | 0.7120                               | 0.8435                              | 0.8322                               | 0.6828                                | 0.6893                              | 0.6638                                |
| Network &UM                                   | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Non-EHB *                                     | 1.0057                               | 1.0057                               | 1.0057                              | 1.0057                               | 1.0057                                | 1.0057                              | 1.0057                                |
| Catastrophic Adj                              | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Distribution and Admin Cost                   | 1.3228                               | 1.3228                               | 1.3228                              | 1.3228                               | 1.3228                                | 1.3228                              | 1.3228                                |
| Plan Adjusted Index Rate (PMPM)               | \$566.01                             | \$482.00                             | \$571.03                            | \$563.37                             | \$462.26                              | \$466.65                            | \$449.41                              |
| Calibrations to Consumer Level Rating Factors |                                      |                                      |                                     |                                      |                                       |                                     |                                       |
| Age Calibration                               | 0.9497                               | 0.9497                               | 0.9497                              | 0.9497                               | 0.9497                                | 0.9497                              | 0.9497                                |
| Geo Calibration                               | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Tobacco Calibration                           | 1.0000                               | 1.0000                               | 1.0000                              | 1.0000                               | 1.0000                                | 1.0000                              | 1.0000                                |
| Consumer Level Base Rate                      | \$537.52                             | \$457.74                             | \$542.29                            | \$535.01                             | \$438.99                              | \$443.16                            | \$426.79                              |
| Pricing AV                                    | 111.2%                               | 94.7%                                | 112.2%                              | 110.7%                               | 90.8%                                 | 91.7%                               | 88.3%                                 |
| Estimated Plan DICR                           | 75.3%                                | 75.3%                                | 75.3%                               | 75.3%                                | 75.3%                                 | 75.3%                               | 75.3%                                 |
| Projected Member Months                       | 34,284                               | 1,956                                | 14,748                              | 19,944                               | 18,504                                | 2,580                               | 11,184                                |
| Membership Distribution                       | 14.1%                                | 0.8%                                 | 6.1%                                | 8.2%                                 | 7.6%                                  | 1.1%                                | 4.6%                                  |

\* Covers abortion claims for all plans, except for BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) and BlueCross BlueShield Preferred 1000, a Multi-State Plan.

**CareFirst BlueCross BlueShield (GHMSI)**  
**(NAIC # 53007)**  
**D.C. Small Group Products - On Exchange**  
**Rates Effective 01/01/2016**  
**Single Risk Pool Desired Incurred Claims Ratio (DICR)**

|  | Medical   | Rx        | Total      |
|--|-----------|-----------|------------|
| Projected Allowed Claims PMPM (EHB and Non-EHB)                          | \$ 401.49 | \$ 124.21 | \$ 525.70  |
| Projected Paid / Allowed Ratio   | 92.4%     | 92.4%     | 92.4%      |
| Adjustment for Risk Transfer   |           |           | \$ (41.86) |
| Projected Paid Claims PMPM (EHB and Non-EHB), Adjusted for Risk Transfer |           |           | \$ 447.09  |

|                                       | Total<br>PMPM    | %             | Total (4Q15) **<br>PMPM | %             | % Δ   |
|---------------------------------------|------------------|---------------|-------------------------|---------------|-------|
| Projected Paid Claims (+ Capitations) | \$ 447.09        | 74.7%         | \$ 382.69               | 75.7%         | -1.0% |
| Admin Costs                           | \$ 46.34         | 7.7%          | \$ 42.08                | 8.3%          | -0.6% |
| Patient Outcome Tax                   | \$ 0.19          | 0.0%          | \$ 0.18                 | 0.0%          | 0.0%  |
| Reinsurance                           | \$ 2.26          | 0.4%          | \$ 2.63                 | 0.5%          | -0.1% |
| Risk Adjustment User Fees             | \$ 0.15          | 0.0%          | \$ 0.08                 | 0.0%          | 0.0%  |
| Broker Commissions & Fees             | \$ 30.59         | 5.1%          | \$ 27.94                | 5.5%          | -0.4% |
| Contrib to Reserve                    | \$ 19.15         | 3.2%          | \$ 6.06                 | 1.2%          | 2.0%  |
| Invst Income Credit **                | \$ (0.00)        | 0.0%          | \$ (0.00)               | 0.0%          | 0.0%  |
| Premium Taxes **                      | \$ 11.97         | 2.0%          | \$ 10.11                | 2.0%          | 0.0%  |
| Assessment Fees **                    | \$ 0.69          | 0.1%          | \$ 0.58                 | 0.1%          | 0.0%  |
| Federal Income Tax                    | \$ 4.79          | 0.8%          | \$ 1.52                 | 0.3%          | 0.5%  |
| State Income Tax                      | \$ -             | 0.0%          | \$ -                    | 0.0%          | 0.0%  |
| Exchange Assessment Fee               | \$ 5.98          | 1.0%          | \$ 5.05                 | 1.0%          | 0.0%  |
| Health Insurer Fee                    | \$ 15.56         | 2.6%          | \$ 13.27                | 2.6%          | 0.0%  |
| Exchange Fees                         | \$ -             | 0.0%          | \$ -                    | 0.0%          | 0.0%  |
| Incentive Program *                   | \$ 13.70         | 2.3%          | \$ 12.95                | 2.6%          | -0.3% |
| CDH Expenses                          | \$ -             | 0.0%          | \$ 0.24                 | 0.0%          | 0.0%  |
| <b>Total</b>                          | <b>\$ 598.46</b> | <b>100.0%</b> | <b>\$ 505.38</b>        | <b>100.0%</b> |       |

\* The incentive program included in medical products is projected to be cost neutral such that the value of the member incentives is offset by the expected claims reduction.

\*\* From approved GHMSI DC Small Group filing effective 1/1/2015, SERFF tracking # CFAP-129567873.

Note: The Contribution to Reserve shown is post-tax. The pre-tax contribution is 4.0%.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Support for DICR Components**

**Estimated Breakdown of Admin Costs**

|                                | % of<br>Revenue |
|--------------------------------|-----------------|
| Salaries/Wages/Benefits        | 3.3%            |
| Quality Improvement Activities | 1.3%            |
| Other General Admin            | 3.1%            |
| <b>Total Admin Costs</b>       | <b>7.7%</b>     |

**ACA Fees**

**Patient Outcome Tax (PCORI):**

|   |    |             |      |
|---|----|-------------|------|
| Policy years ending 10/1/2015 - 9/30-2016 | \$ | 2.25        | PMPY |
| Divide by 12:                             | \$ | <b>0.19</b> | PMPM |
| Policy years ending 10/1/2016 forward     | \$ | 2.34        | PMPY |
| Divide by 12:                             | \$ | <b>0.20</b> | PMPM |

|                               |    |             |      |
|-------------------------------|----|-------------|------|
| Reinsurance Contribution 2016 | \$ | <b>2.25</b> | PMPM |
| Reinsurance Contribution 2017 | \$ | <b>2.25</b> | PMPM |

|                                |    |             |      |
|--------------------------------|----|-------------|------|
| Reinsurance Administrative Fee | \$ | 0.17        | PMPY |
| Divide by 12:                  | \$ | <b>0.01</b> | PMPM |

|                           |    |             |      |
|---------------------------|----|-------------|------|
| Risk Adjustment User Fees | \$ | 1.75        | PMPY |
| Divide by 12:             | \$ | <b>0.15</b> | PMPM |

|                         |             |            |
|-------------------------|-------------|------------|
| Health Insurer Fee 2016 | <b>2.6%</b> | of premium |
| Health Insurer Fee 2017 | <b>2.6%</b> | of premium |

|                              |             |            |
|------------------------------|-------------|------------|
| Exchange Fees                | <b>0.0%</b> | of premium |
| Exchange Assessment Fee 2016 | <b>1.0%</b> | of premium |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**DICR & MLR**

|   | 1                        | 2                 | 3             | 4                     | 5                 | 6             | 7                     | 8                 | 9             | 10                    | 11                | 12            | 13                    | 14                | 15            | 16                     |
|---|--------------------------|-------------------|---------------|-----------------------|-------------------|---------------|-----------------------|-------------------|---------------|-----------------------|-------------------|---------------|-----------------------|-------------------|---------------|------------------------|
|   | <b>SG</b>                |                   |               |                       | <b>SG</b>         |               |                       | <b>SG</b>         |               |                       | <b>SG</b>         |               |                       | <b>SG</b>         |               |                        |
|   | <b>DC GHMSI</b>          |                   |               |                       | <b>DC GHMSI</b>   |               |                       | <b>DC GHMSI</b>   |               |                       | <b>DC GHMSI</b>   |               |                       | <b>DC GHMSI</b>   |               |                        |
|   | <b>Projected</b>         |                   |               |                       | <b>Projected</b>  |               |                       | <b>Projected</b>  |               |                       | <b>Projected</b>  |               |                       | <b>Projected</b>  |               |                        |
|   | <b>1Q16</b>              |                   |               |                       | <b>2Q16</b>       |               |                       | <b>3Q16</b>       |               |                       | <b>4Q16</b>       |               |                       | <b>2016</b>       |               |                        |
|   | <b>PMPM</b>              |                   | <b>%</b>      | <b>\$s</b>            | <b>PMPM</b>       |               | <b>%</b>              | <b>\$s</b>        | <b>PMPM</b>   |                       | <b>%</b>          | <b>\$s</b>    | <b>PMPM</b>           |                   | <b>%</b>      | <b>\$s</b>             |
| <b>TRADITIONAL LOSS RATIO</b>   |                          |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                        |
| Allowed Claims & Captns (EHB Only)  | Medical                  | \$ 398.51         |               |                       | \$ 403.76         |               |                       | \$ 409.05         |               |                       | \$ 414.43         |               |                       | \$ 409.23         |               |                        |
|   | RX                       | \$ 124.21         |               |                       | \$ 128.06         |               |                       | \$ 132.04         |               |                       | \$ 136.13         |               |                       | \$ 132.22         |               |                        |
|   | <b>TOTAL</b>             | <b>\$ 522.72</b>  |               |                       | <b>\$ 531.82</b>  |               |                       | <b>\$ 541.09</b>  |               |                       | <b>\$ 550.56</b>  |               |                       | <b>\$ 541.46</b>  |               |                        |
| Allowed Claims & Captns (EHB & Non-EHB)   | Medical                  | \$ 401.49         |               |                       | \$ 406.78         |               |                       | \$ 412.11         |               |                       | \$ 417.53         |               |                       | \$ 412.29         |               |                        |
|   | RX                       | \$ 124.21         |               |                       | \$ 128.06         |               |                       | \$ 132.04         |               |                       | \$ 136.13         |               |                       | \$ 132.22         |               |                        |
|   | <b>TOTAL</b>             | <b>\$ 525.70</b>  |               |                       | <b>\$ 534.84</b>  |               |                       | <b>\$ 544.15</b>  |               |                       | <b>\$ 553.66</b>  |               |                       | <b>\$ 544.52</b>  |               |                        |
| Projected EMMs  |                          | 96,252            |               |                       | 39,324            |               |                       | 89,700            |               |                       | 243,396           |               |                       | 468,672           |               |                        |
| Average Members   |                          | 8,021             |               |                       | 3,277             |               |                       | 7,475             |               |                       | 20,283            |               |                       | 39,056            |               |                        |
| %   |                          | 21%               |               |                       | 8%                |               |                       | 19%               |               |                       | 52%               |               |                       | 100%              |               |                        |
| Paid/Allowed Ratio  |                          | 92.4%             |               |                       | 92.4%             |               |                       | 92.4%             |               |                       | 92.4%             |               |                       | 92.4%             |               |                        |
| Paid Claims & Captns  |                          | \$ 485.76         |               |                       | \$ 494.20         |               |                       | \$ 502.84         |               |                       | \$ 511.59         |               |                       | \$ 503.15         |               |                        |
| <b>"3Rs"</b>  |                          |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                        |
| Risk Corridor   |                          | n/a               |               |                       | n/a               |               |                       | n/a               |               |                       | n/a               |               |                       | n/a               |               |                        |
| Risk Adjustment/Transfer (Paid Claims Basis)  |                          | \$ (38.68)        |               | (\$3,722,645)         | \$ (39.35)        |               | (\$1,547,338)         | \$ (40.04)        |               | (\$3,591,373)         | \$ (40.74)        |               | (\$9,914,883)         | \$ (40.06)        |               | (\$18,776,239)         |
| Reinsurance Recoveries (State & Federal)  |                          | \$ -              |               | \$0                   | \$ -              |               | \$0                   | \$ -              |               | \$0                   | \$ -              |               | \$0                   | \$ -              |               | \$0                    |
| (Individual Only, Paid Claims Basis)  |                          |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                        |
| <b>Subtotal:</b>  |                          | <b>\$ (38.68)</b> |               | <b>(\$3,722,645)</b>  | <b>\$ (39.35)</b> |               | <b>(\$3,787,366)</b>  | <b>\$ (40.04)</b> |               | <b>(\$3,853,700)</b>  | <b>\$ (40.74)</b> |               | <b>(\$3,920,883)</b>  | <b>\$ (32.61)</b> |               | <b>(\$15,284,594)</b>  |
| Paid Claims & Captns (Post-3Rs)   |                          | <b>\$ 447.09</b>  | <b>74.7%</b>  | <b>\$ 43,032,932</b>  | <b>\$454.85</b>   | <b>74.9%</b>  | <b>\$ 17,886,417</b>  | <b>\$462.80</b>   | <b>75.1%</b>  | <b>\$ 41,513,319</b>  | <b>\$ 470.86</b>  | <b>75.3%</b>  | <b>\$ 114,604,882</b> | <b>\$ 463.09</b>  | <b>75.1%</b>  | <b>\$ 217,037,550</b>  |
| Administrative Expense  |                          | \$ 46.34          | 7.7%          | \$ 4,460,356          | \$ 46.34          | 7.6%          | \$ 1,822,290          | \$ 46.34          | 7.5%          | \$ 4,156,734          | \$ 46.34          | 7.4%          | \$ 11,279,068         | \$ 46.34          | 7.5%          | \$ 21,718,448          |
| Broker Commissions & Fee  |                          | \$ 30.59          | 5.1%          | \$ 2,944,763          | \$ 30.59          | 5.0%          | \$ 1,203,090          | \$ 30.59          | 5.0%          | \$ 2,744,309          | \$ 30.59          | 4.9%          | \$ 7,446,530          | \$ 30.59          | 5.0%          | \$ 14,338,692          |
| Contribution to Reserve (CTR) - Post-FIT  |                          | \$ 19.15          | 3.2%          | \$ 1,843,302          | \$ 19.43          | 3.2%          | \$ 764,224            | \$ 19.72          | 3.2%          | \$ 1,769,249          | \$ 20.02          | 3.2%          | \$ 4,872,311          | \$ 19.73          | 3.2%          | \$ 9,249,087           |
| Investment Income Credit  |                          | \$ (0.00)         | 0.0%          | \$ (56)               | \$ (0.00)         | 0.0%          | \$ (23)               | \$ (0.00)         | 0.0%          | \$ (54)               | \$ (0.00)         | 0.0%          | \$ (148)              | \$ (0.00)         | 0.0%          | \$ (281)               |
| <b>Non-ACA Taxes &amp; Fees</b>   |                          |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                        |
| State Premium Tax   |                          | \$ 11.97          | 2.0%          | \$ 1,152,064          | \$ 12.15          | 2.0%          | \$ 477,640            | \$ 12.33          | 2.0%          | \$ 1,105,781          | \$ 12.51          | 2.0%          | \$ 3,045,195          | \$ 12.33          | 2.0%          | \$ 5,780,679           |
| State Assessment Fees   |                          | \$ 0.69           | 0.1%          | \$ 66,228             | \$ 0.70           | 0.1%          | \$ 27,458             | \$ 0.71           | 0.1%          | \$ 63,568             | \$ 0.72           | 0.1%          | \$ 175,058            | \$ 0.71           | 0.1%          | \$ 332,312             |
| State Income Tax (SIT)  |                          | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                   |
| Federal Income Tax (FIT)  |                          | \$ 4.79           | 0.8%          | \$ 460,826            | \$ 4.86           | 0.8%          | \$ 191,056            | \$ 4.93           | 0.8%          | \$ 442,312            | \$ 5.00           | 0.8%          | \$ 1,218,078          | \$ 4.93           | 0.8%          | \$ 2,312,272           |
| <b>ACA Taxes &amp; Fees</b>   |                          |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                        |
| Health Insurer Fee  |                          | \$ 15.56          | 2.6%          | \$ 1,497,683          | \$ 15.79          | 2.6%          | \$ 620,932            | \$ 16.03          | 2.6%          | \$ 1,437,515          | \$ 16.26          | 2.6%          | \$ 3,958,753          | \$ 16.03          | 2.6%          | \$ 7,514,883           |
| Reinsurance Contribution  |                          | \$ 2.25           | 0.4%          | \$ 216,567            | \$ 2.25           | 0.4%          | \$ 88,479             | \$ 2.25           | 0.4%          | \$ 201,825            | \$ 2.25           | 0.4%          | \$ 547,641            | \$ 2.25           | 0.4%          | \$ 1,054,512           |
| Reinsurance Administrative Fee  |                          | \$ 0.01           | 0.0%          | \$ 1,364              | \$ 0.01           | 0.0%          | \$ 557                | \$ 0.01           | 0.0%          | \$ 1,271              | \$ 0.01           | 0.0%          | \$ 3,448              | \$ 0.01           | 0.0%          | \$ 6,640               |
| Risk Adjustment User Fee  |                          | \$ 0.15           | 0.0%          | \$ 14,438             | \$ 0.15           | 0.0%          | \$ 5,899              | \$ 0.15           | 0.0%          | \$ 13,455             | \$ 0.15           | 0.0%          | \$ 36,509             | \$ 0.15           | 0.0%          | \$ 70,301              |
| Exchange Assessment Fee   |                          | \$ 5.98           | 1.0%          | \$ 576,032            | \$ 6.07           | 1.0%          | \$ 238,820            | \$ 6.16           | 1.0%          | \$ 552,890            | \$ 6.26           | 1.0%          | \$ 1,522,597          | \$ 6.17           | 1.0%          | \$ 2,890,340           |
| Exchange User Fees (FFE Only)   |                          | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                   |
| Patient-Centered Outcomes Research Institute (PCORI) Tax  |                          | \$ 0.19           | 0.0%          | \$ 18,047             | \$ 0.19           | 0.0%          | \$ 7,373              | \$ 0.19           | 0.0%          | \$ 16,819             | \$ 0.19           | 0.0%          | \$ 47,270             | \$ 0.19           | 0.0%          | \$ 89,509              |
| BlueRewards/Incentive Program-Medical Debit Cards   |                          | \$ 13.70          | 2.3%          | \$ 1,318,657          | \$ 13.93          | 2.3%          | \$ 547,798            | \$ 14.16          | 2.3%          | \$ 1,270,035          | \$ 14.39          | 2.3%          | \$ 3,502,535          | \$ 14.17          | 2.3%          | \$ 6,639,025           |
| Other   |                          | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                  | \$ -              | 0.0%          | \$ -                   |
| <b>TOTAL</b>  |                          | <b>\$ 598.46</b>  | <b>100.0%</b> | <b>\$ 57,603,203</b>  | <b>\$ 607.31</b>  | <b>100.0%</b> | <b>\$ 23,882,010</b>  | <b>\$ 616.38</b>  | <b>100.0%</b> | <b>\$ 55,289,026</b>  | <b>\$ 625.56</b>  | <b>100.0%</b> | <b>\$ 152,259,727</b> | <b>\$ 616.71</b>  | <b>100.0%</b> | <b>\$ 289,033,967</b>  |
| Contribution to Reserve (CTR) - Pre-FIT   |                          |                   | <b>4.0%</b>   |                       |                   | <b>4.0%</b>   |                       |                   | <b>4.0%</b>   |                       |                   | <b>4.0%</b>   |                       |                   | <b>4.0%</b>   |                        |
| <b>FHCR MEDICAL LOSS RATIO</b>  |                          |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                       |                   |               |                        |
| Risk Adjustment   |                          | \$ (42.84)        |               | \$ (4,123,209)        | \$ (43.58)        |               | \$ (1,713,835)        | \$ (44.35)        |               | \$ (3,977,813)        | \$ (45.12)        |               | \$ (10,981,746)       | \$ (44.37)        |               | \$ (20,796,603)        |
| Reinsurance Receipts (Individual Only)  |                          | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                   |
| BlueRewards/Incentive Program-Medical Debit Cards   |                          | \$ 13.70          |               | \$ 1,318,657          | \$ 13.93          |               | \$ 547,798            | \$ 14.16          |               | \$ 1,270,035          | \$ 14.39          |               | \$ 3,502,535          | \$ 14.17          |               | \$ 6,639,025           |
| Quality Improvement Expenses  |                          | \$ 7.71           |               | \$ 741,631            | \$ 7.71           |               | \$ 302,995            | \$ 7.71           |               | \$ 691,147            | \$ 7.71           |               | \$ 1,875,390          | \$ 7.71           |               | \$ 3,611,163           |
| Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees) |                          | \$ (9.81)         |               | \$ (944,392)          | \$ (9.81)         |               | \$ (385,834)          | \$ (9.81)         |               | \$ (880,106)          | \$ (9.81)         |               | \$ (2,388,119)        | \$ (9.81)         |               | \$ (4,598,450)         |
| <b>Numerator (Claims) Adjustment</b>  |                          | <b>\$ (31.24)</b> |               | <b>\$ (3,007,314)</b> | <b>\$ (31.76)</b> |               | <b>\$ (1,248,876)</b> | <b>\$ (32.29)</b> |               | <b>\$ (2,896,737)</b> | <b>\$ (32.84)</b> |               | <b>\$ (7,991,940)</b> | <b>\$ (32.31)</b> |               | <b>\$ (15,144,866)</b> |
| Non-ACA: Taxes & Regulatory Fees  | State Premium Tax        | \$ 11.97          |               | \$ 1,152,064          | \$ 12.15          |               | \$ 477,640            | \$ 12.33          |               | \$ 1,105,781          | \$ 12.51          |               | \$ 3,045,195          | \$ 12.33          |               | \$ 5,780,679           |
|   | State Assmt Fee          | \$ 0.69           |               | \$ 66,228             | \$ 0.70           |               | \$ 27,458             | \$ 0.71           |               | \$ 63,568             | \$ 0.72           |               | \$ 175,058            | \$ 0.71           |               | \$ 332,312             |
|   | State Income Tax         | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                   |
|   | Federal Income Tax       | \$ 4.79           |               | \$ 460,826            | \$ 4.86           |               | \$ 191,056            | \$ 4.93           |               | \$ 442,312            | \$ 5.00           |               | \$ 1,218,078          | \$ 4.93           |               | \$ 2,312,272           |
| ACA: Taxes & Regulatory Fees  | Health Insurer Fee       | \$ 15.56          |               | \$ 1,497,683          | \$ 15.79          |               | \$ 620,932            | \$ 16.03          |               | \$ 1,437,515          | \$ 16.26          |               | \$ 3,958,753          | \$ 16.03          |               | \$ 7,514,883           |
|   | Reinsurance Contribution | \$ 2.25           |               | \$ 216,567            | \$ 2.25           |               | \$ 88,479             | \$ 2.25           |               | \$ 201,825            | \$ 2.25           |               | \$ 547,641            | \$ 2.25           |               | \$ 1,054,512           |
|   | Reinsurance Admin. Fee   | \$ 0.01           |               | \$ 1,364              | \$ 0.01           |               | \$ 557                | \$ 0.01           |               | \$ 1,271              | \$ 0.01           |               | \$ 3,448              | \$ 0.01           |               | \$ 6,640               |
|   | Risk Adj User Fees       | \$ 0.15           |               | \$ 14,438             | \$ 0.15           |               | \$ 5,899              | \$ 0.15           |               | \$ 13,455             | \$ 0.15           |               | \$ 36,509             | \$ 0.15           |               | \$ 70,301              |
|   | Exchange Assessment Fee  | \$ 5.98           |               | \$ 576,032            | \$ 6.07           |               | \$ 238,820            | \$ 6.16           |               | \$ 552,890            | \$ 6.26           |               | \$ 1,522,597          | \$ 6.17           |               | \$ 2,890,340           |
|   | Exchange User Fee        | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                  | \$ -              |               | \$ -                   |
|   | PCORI                    | \$ 0.19           |               | \$ 18,047             | \$ 0.19           |               | \$ 7,373              | \$ 0.19           |               | \$ 16,819             | \$ 0.19           |               | \$ 47,270             | \$ 0.19           |               | \$ 89,509              |
| <b>Denominator (Premium) Adjustment</b>   |                          | <b>\$ 41.59</b>   |               | <b>\$ 4,003,249</b>   | <b>\$ 42.17</b>   |               | <b>\$ 1,658,215</b>   | <b>\$ 42.76</b>   |               | <b>\$ 3,835,435</b>   | <b>\$ 43.36</b>   |               | <b>\$ 10,554,549</b>  | <b>\$ 42.78</b>   |               | <b>\$ 20,051,447</b>   |
| FHCR Claims   |                          | \$ 454.52         |               | \$ 43,748,263         | \$ 462.44         |               | \$ 18,184,879         | \$ 470.55         |               | \$ 42,207,956         | \$ 478.76         |               | \$ 116,527,825        | \$ 470.84         |               | \$ 220,668,924         |
| FHCR MLR Premium  |                          | \$ 556.87         |               | \$ 53,599,954         | \$ 565.15         |               | \$ 22,223,796         | \$ 573.62         |               | \$ 51,453,592         | \$ 582.20         |               | \$ 141,705,178        | \$ 573.92         |               | \$ 268,982,520         |
| <b>FHCR Loss Ratio</b>  |                          | <b>81.6%</b>      |               |                       | <b>81.8%</b>      |               |                       | <b>82.0%</b>      |               |                       | <b>82.2%</b>      |               |                       | <b>82.0%</b>      |               |                        |

## DICR & MLR

|    |   |              |           |                |               |           |                    |
|----|---|--------------|-----------|----------------|---------------|-----------|--------------------|
| 2  | Allowed Claims & Captns (EHB Only)  | Medical      | \$        | 398.51         |               |           |                    |
| 3  |   | RX           | \$        | 124.21         |               |           |                    |
| 4  |   | <b>TOTAL</b> | <b>\$</b> | <b>522.72</b>  |               |           |                    |
| 5  | Allowed Claims & Captns (EHB & Non-EHB)   | Medical      | \$        | 401.35         |               |           |                    |
| 6  |   | RX           | \$        | 124.21         |               |           |                    |
| 7  |   | <b>TOTAL</b> | <b>\$</b> | <b>525.48</b>  |               |           |                    |
| 8  |   |              |           |                |               |           |                    |
| 9  | Projected EMMs  |              |           | 38,367         |               |           |                    |
| 10 | Average Members   |              |           | 3,197          |               |           |                    |
| 11 |   |              |           |                |               |           |                    |
| 12 | Paid/Allowed Ratio  |              |           | 76.7%          |               |           |                    |
| 13 | Paid Claims & Captns  |              | \$        | 403.24         |               |           |                    |
| 14 |   |              |           |                |               |           |                    |
| 15 | "3Rs"   |              |           |                |               |           |                    |
| 16 | Risk Corridor   |              |           | n/a            |               |           |                    |
| 17 | Risk Adjustment/Transfer (Paid Claims Basis)  |              | \$        | (38.27)        |               |           |                    |
| 18 | Reinsurance Recoveries (State & Federal)  |              | \$        | (14.88)        |               |           |                    |
| 19 | (Individual Only, Paid Claims Basis)  |              |           |                |               |           |                    |
| 20 | <b>Subtotal:</b>  |              | <b>\$</b> | <b>(53.15)</b> |               |           |                    |
| 21 | Paid Claims & Captns (Post-3Rs)   |              | <b>\$</b> | <b>350.09</b>  | <b>73.8%</b>  | <b>\$</b> | <b>13,432,089</b>  |
| 22 | Administrative Expense  |              | <b>\$</b> | <b>61.32</b>   | 12.9%         | \$        | 2,352,664          |
| 23 | Broker Commissions & Fee  |              | <b>\$</b> | <b>15.40</b>   | 3.2%          | \$        | 590,836            |
| 24 | Contribution to Reserve (CTR) - Post-FIT  |              | \$        | 7.59           | 1.6%          | \$        | 291,058            |
| 25 | Investment Income Credit  |              | \$        | (0.00)         | 0.0%          | \$        | (18)               |
| 26 |   |              |           |                |               |           |                    |
| 27 | <b>Non-ACA Taxes &amp; Fees</b>   |              |           |                |               |           |                    |
| 28 | State Premium Tax   |              | \$        | 9.48           | 2.0%          | \$        | 363,822            |
| 29 | State Assessment Fees   |              | \$        | 0.21           | 0.0%          | \$        | 7,889              |
| 30 | State Income Tax (SIT)  |              | \$        | -              | 0.0%          | \$        | -                  |
| 31 | Federal Income Tax (FIT)  |              | \$        | 1.90           | 0.4%          | \$        | 72,764             |
| 32 |   |              |           |                |               |           |                    |
| 33 | <b>ACA Taxes &amp; Fees</b>   |              |           |                |               |           |                    |
| 34 | Health Insurer Fee  |              | \$        | 12.33          | 2.6%          | \$        | 472,969            |
| 35 | Risk Adjustment User Fee  |              | <b>\$</b> | <b>0.15</b>    | 0.0%          | \$        | 5,755              |
| 36 | <b>Exchange Assessment Fee</b>  |              | \$        | 4.74           | 1.0%          | \$        | 181,911            |
| 37 | <b>Exchange User Fees (FEs Only)</b>  |              | \$        | -              | 0.0%          | \$        | -                  |
| 38 | Patient-Centered Outcomes Research Institute (PCORI) Tax  |              | <b>\$</b> | <b>0.18</b>    | 0.0%          | \$        | 6,922              |
| 39 |   |              |           |                |               |           |                    |
| 40 | BlueRewards/Incentive Program-Medical Debit Cards   |              | <b>\$</b> | <b>10.75</b>   | 2.3%          | \$        | 412,445            |
| 41 |   |              |           |                |               |           |                    |
| 42 | Other   |              | \$        | -              | 0.0%          | \$        | -                  |
| 43 | <b>TOTAL</b>  |              | <b>\$</b> | <b>474.13</b>  | <b>100.0%</b> | <b>\$</b> | <b>18,191,106</b>  |
| 44 | Contribution to Reserve (CTR) - Pre-FIT   |              |           |                | 2.0%          |           |                    |
| 45 |   |              |           |                |               |           |                    |
| 46 | <b>FHCR MEDICAL LOSS RATIO</b>  |              |           |                |               |           |                    |
| 47 | Risk Adjustment   |              | <b>\$</b> | <b>(38.11)</b> |               | \$        | (1,462,184)        |
| 48 | Reinsurance Receipts  |              | <b>\$</b> | <b>(17.06)</b> |               | \$        | (654,727)          |
| 49 | BlueRewards/Incentive Program-Medical Debit Cards   |              | \$        | 10.75          |               | \$        | 412,445            |
| 50 | Quality Improvement Expenses (net after MLR reclass from care)  |              | \$        | 5.08           |               | \$        | 194,791            |
| 51 | Removal of costs which we book as care, but are not considered care under MLR guidelines (including ITS fees) |              | \$        | (3.88)         |               | \$        | (148,883)          |
| 52 | <b>Numerator (Claims) Adjustment</b>  |              | <b>\$</b> | <b>(43.23)</b> |               | <b>\$</b> | <b>(1,658,558)</b> |
| 53 | Non-ACA: Taxes & Regulatory Fees  |              |           |                |               |           |                    |
| 54 | State Premium Tax   |              | \$        | 9.48           |               | \$        | 363,822            |
| 55 | State Assmt Fee   |              | \$        | 0.21           |               | \$        | 7,889              |
| 56 | State Income Tax  |              | \$        | -              |               | \$        | -                  |
| 57 | Federal Income Tax  |              | \$        | 1.90           |               | \$        | 72,764             |
| 58 | ACA: Taxes & Regulatory Fees  |              |           |                |               |           |                    |
| 59 | Health Insurer Fee  |              | \$        | 12.33          |               | \$        | 472,969            |
| 60 | Reinsurance Contribution  |              | <b>\$</b> | <b>2.25</b>    |               | \$        | 86,326             |
| 61 | Reinsurance Admin. Fee  |              | <b>\$</b> | <b>0.01</b>    |               | \$        | 544                |
| 62 | Risk Adj User Fees  |              | \$        | 0.15           |               | \$        | 5,755              |
| 63 | Exchange Assessment Fee   |              | \$        | 4.74           |               | \$        | 181,911            |
| 64 | Exchange User Fee   |              | \$        | -              |               | \$        | -                  |
| 65 | PCORI   |              | <b>\$</b> | <b>0.18</b>    |               | <b>\$</b> | <b>6,922</b>       |
| 66 | <b>Denominator (Premium) Adjustment</b>   |              | <b>\$</b> | <b>31.25</b>   |               | <b>\$</b> | <b>1,198,901</b>   |
| 67 |   |              |           |                |               |           |                    |
| 68 | FHCR Claims   |              | \$        | 360.01         |               | \$        | 13,812,643         |
| 69 | FHCR MLR Premium  |              | \$        | 442.89         |               | \$        | 16,9               |



CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
DICR & MLR

|  | 1               | 2   | 3             | 4                      |
|--|-----------------|---|---------------|------------------------|
|  |                 | SG & Ind<br>DC GHMSI<br>Projected<br>2016<br>PMPM | %             | \$                     |
| <b>TRADITIONAL LOSS RATIO</b>  |                 |   |               |                        |
| Allowed Claims & Captns (EHB Only)   | Medical \$      | 408.42  |               |                        |
|  | RX \$           | 131.62  |               |                        |
|  | <b>TOTAL \$</b> | <b>540.04</b>                                     |               |                        |
| Allowed Claims & Captns (EHB & Non-EHB)  | Medical \$      | 411.47  |               |                        |
|  | RX \$           | 131.62  |               |                        |
|  | <b>TOTAL \$</b> | <b>543.08</b>                                     |               |                        |
| Projected EMMs   |                 | 507,039   |               |                        |
| Average Members  |                 | 42,253  |               |                        |
| Paid/Allowed Ratio   |                 | 91.3%   |               |                        |
| Paid Claims & Captns   | \$              | 495.59  |               |                        |
| <b>"3Rs"</b>   |                 |   |               |                        |
| Risk Corridor  |                 | n/a   |               |                        |
| Risk Adjustment/Transfer (Paid Claims Basis)   | \$              | (39.93)   |               |                        |
| Reinsurance Recoveries (State & Federal)<br>(Individual Only, Paid Claims Basis)                                 | \$              | (1.13)  |               |                        |
| <b>Subtotal:</b>   | <b>\$</b>       | <b>(41.05)</b>                                    |               |                        |
| Paid Claims & Captns (Post-3Rs)  | <b>\$</b>       | <b>454.54</b>                                     | <b>75.0%</b>  | <b>\$ 230,469,639</b>  |
| Administrative Expense   | \$              | 47.47   | 7.8%          | \$ 24,071,112          |
| Broker Commissions & Fee   | \$              | 29.44   | 4.9%          | \$ 14,929,528          |
| Contribution to Reserve (CTR) - Post-FIT   | \$              | 18.82   | 3.1%          | \$ 9,540,145           |
| Investment Income Credit   | \$              | (0.00)  | 0.0%          | \$ (299)               |
| <b>Non-ACA Taxes &amp; Fees</b>  |                 |   |               |                        |
| State Premium Tax  | \$              | 12.12   | 2.0%          | \$ 6,144,501           |
| State Assessment Fees  | \$              | 0.67  | 0.1%          | \$ 340,200             |
| State Income Tax (SIT)   | \$              | -   | 0.0%          | \$ -                   |
| Federal Income Tax (FIT)   | \$              | 4.70  | 0.8%          | \$ 2,385,036           |
| <b>ACA Taxes &amp; Fees</b>  |                 |   |               |                        |
| Health Insurer Fee   | \$              | 15.75   | 2.6%          | \$ 7,987,852           |
| Reinsurance Contribution   | \$              | 2.08  | 0.3%          | \$ 1,054,512           |
| Reinsurance Administrative Fee   | \$              | 0.01  | 0.0%          | \$ 6,640               |
| Risk Adjustment User Fee   | \$              | 0.15  | 0.0%          | \$ 76,056              |
| Exchange Assessment Fee  | \$              | 6.06  | 1.0%          | \$ 3,072,251           |
| Exchange User Fees (FEEs Only)   | \$              | -   | 0.0%          | \$ -                   |
| Patient-Centered Outcomes Research Institute (PCORI) Tax   | \$              | 0.19  | 0.0%          | \$ 96,431              |
| BlueRewards/Incentive Program-Medical Debit Cards  | \$              | 13.91   | 2.3%          | \$ 7,051,470           |
| Other  | \$              | -   | 0.0%          | \$ -                   |
| <b>TOTAL</b>   | <b>\$</b>       | <b>605.92</b>                                     | <b>100.0%</b> | <b>\$ 307,225,074</b>  |
| Contribution to Reserve (CTR) - Pre-FIT  |                 |   | 4.0%          |                        |
| <b>FHCR MEDICAL LOSS RATIO</b>   |                 |   |               |                        |
| Risk Adjustment  | \$              | (43.90)   |               | \$ (22,258,787)        |
| Reinsurance Receipts (Individual Only)   | \$              | (1.29)  |               | \$ (654,727)           |
| BlueRewards/Incentive Program-Medical Debit Cards  | \$              | 13.91   |               | \$ 7,051,470           |
| Quality Improvement Expenses   | \$              | 7.51  |               | \$ 3,805,954           |
| Removal of costs which we book as care, but are not considered care<br>under MLR guidelines (including ITS fees) | \$              | (9.36)  |               | \$ (4,747,333)         |
| <b>Numerator (Claims) Adjustment</b>   | <b>\$</b>       | <b>(33.14)</b>                                    |               | <b>\$ (16,803,423)</b> |
| Non-ACA: Taxes & Regulatory Fees   |                 |   |               |                        |
| State Premium Tax  | \$              | 12.12   |               | \$ 6,144,501           |
| State Assmt Fee  | \$              | 0.67  |               | \$ 340,200             |
| State Income Tax   | \$              | -   |               | \$ -                   |
| Federal Income Tax   | \$              | 4.70  |               | \$ 2,385,036           |
| ACA: Taxes & Regulatory Fees   |                 |   |               |                        |
| Health Insurer Fee   | \$              | 15.75   |               | \$ 7,987,852           |
| Reinsurance Contribution   | \$              | 2.25  |               | \$ 1,140,838           |
| Reinsurance Admin. Fee   | \$              | 50.01   |               | \$ 7,183               |
| Risk Adj User Fees   | \$              | 0.15  |               | \$ 76,056              |
| Exchange Assessment Fee  | \$              | 6.06  |               | \$ 3,072,251           |
| Exchange User Fee  | \$              | -   |               | \$ -                   |
| PCORI  | \$              | 0.19  |               | \$ 96,431              |
| <b>Denominator (Premium) Adjustment</b>  | <b>\$</b>       | <b>41.91</b>                                      |               | <b>\$ 21,250,348</b>   |
| FHCR Claims  | \$              | 462.45  |               | \$ 234,481,567         |
| FHCR MLR Premium   | \$              | 564.01  |               | \$ 285,974,725         |
| <b>FHCR Loss Ratio</b>   |                 |   | <b>82.0%</b>  |                        |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Summary of Wakely Small Group Modeling**

|       |      | (1)             | (2)                        | (3)             | (4) = (2) x 1.00     | (5)        | (6)             | (7) = ((4)+(5))/(6) + 1 |    |      |    |        |        |
|-------|------|-----------------|----------------------------|-----------------|----------------------|------------|-----------------|-------------------------|----|------|----|--------|--------|
|       |      |                 | Estimated Risk Adjustment  | Calculated Risk | Proposed Risk        | Risk       | Projected Index |                         |    |      |    |        |        |
|       |      | Projected Index | PMPM (Applied to Projected | Adjustment      | Adjustment PMPM      | Adjustment | Rate After      |                         |    |      |    |        |        |
|       |      | Rate            | Index Rate)                | Factor          | Applied to Projected | User Fee   | Reinsurance     | Proposed Value for      |    |      |    |        |        |
|       |      |                 |                            |                 | Index Rate           | PMPM **    | Adjustment      | Rate Filing             |    |      |    |        |        |
| GHMSI | 1Q16 | \$              | 522.72                     | \$              | (41.86)              | 0.9199     | \$              | (41.86)                 | \$ | 0.15 | \$ | 524.98 | 0.9206 |
|       | 2Q16 | \$              | 531.82                     | \$              | (42.58)              | 0.9199     | \$              | (42.58)                 | \$ | 0.15 | \$ | 534.08 | 0.9205 |
|       | 3Q16 | \$              | 541.09                     | \$              | (43.33)              | 0.9199     | \$              | (43.33)                 | \$ | 0.15 | \$ | 543.35 | 0.9205 |
|       | 4Q16 | \$              | 550.56                     | \$              | (44.08)              | 0.9199     | \$              | (44.08)                 | \$ | 0.15 | \$ | 552.82 | 0.9205 |

\* Assumes market risk score = 1.00.

\*\* Risk Adjustment User Fee = \$1.75 PMPY / 12 = \$0.15 PMPM.

The proposed risk adjustment was developed based on a multi-carrier study conducted by Wakely Consulting Group.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Support for Induced Demand Adjustment - Small Group/Individual Combined**

|  |        | Item Calculation        |
|--|--------|-------------------------|
| 2013 AV  | 86.28% | (1)                     |
| 2013 Induced Demand Factor   | 1.263  | (2)                     |
| 2014 AV  | 85.01% | (3)                     |
| 2014 Induced Demand Factor   | 1.250  | (4)                     |
| 2 Year Induced Demand Adjustment Implied in Utilization Trends         | -2.0%  | (5) $= [(4)/(2)]^2 - 1$ |
| Projected 2016 AV  | 83.66% | (6)                     |
| 2016 Induced Demand Factor   | 1.237  | (7)                     |
| Induced Demand Impact Implied by Base Period and Projected Average AVs | -1.1%  | (8) $= (7)/(4) - 1$     |
| Explicit Induced Demand Adjustment Needed *                            | 0.9%   | (9) $= (8) - (5)$       |

Our selected utilization trends are based in large part on our rolling 12 experience trends. Inherent in these experience trends is a change in level of benefit generosity that has been experienced as groups / individuals have moved to more or less rich plans over time. This change in benefit generosity theoretically would have an induced demand impact similar to any projected changes in average benefit richness between the base and projection periods in this filing. As such, we feel that the only explicit induced demand adjustment needed is for projected changes in benefit richness above and beyond what is implied in our base experience.

Using the HHS Actuarial Value calculator, and valuing our plan designs in 2013 and 2014 we have derived the above “average AVs” to quantify the annual change in benefit richness implied in recent experience. Using the induced demand curve we have in this filing we have also estimated the amount of induced demand adjustment implied by these values over a two year period. Similarly we have estimated the amount of induced demand adjustment implied by the change in average AV between our experience period and projection period. The differential between these two estimates represents the needed explicit adjustment to the projected allowed PMPM. Please note that the HHS AV calculator was used in all cases in order to have a consistent measure of AV (benefit richness), to remove the impact of modeling error, and to maintain consistency with the plan level induced demand factors used.

\* Applied under Projection Factors: Other in the Allowed PMPM Projection exhibits.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Description of "Other" Adjustments to Experience Period Data**

The adjustment descriptions below detail the build up of our "Other" multiplicative factors used in adjusting the experience period allowed PMPM amounts to the projection period.

These adjustments coincide with those used in worksheet I section II of the URRT.

Please see pages 34 - 38 for support of these factors.

| Service Category | Other Factor | Description of Adjustment   |
|------------------|--------------|---|
| Inpatient        | 0.987        | Multiplicative factors of 1.008 for changes in average age of the pool, 0.971 to reflect the impact of the new Incentive Program, and 1.009 to adjust for differences in induced demand between the experience period and projection period.  |
| Outpatient       | 0.987        | Multiplicative factors of 1.008 for changes in average age of the pool, 0.971 to reflect the impact of the new Incentive Program, and 1.009 to adjust for differences in induced demand between the experience period and projection period.  |
| Professional     | 1.009        | Multiplicative factors of 1.008 for changes in average age of the pool, 1.020 for changes in treatment of ABA services, 0.971 to reflect the impact of the new Incentive Program, 1.009 to adjust for differences in induced demand between the experience period and projection period, and 1.002 to adjust for shifting of certain behavioral health capitation to being claims based.                  |
| Other            | 1.070        | Multiplicative factors of 1.008 for changes in average age of the pool, 1.084 to reflect the impact of embedded pediatric dental benefit, 0.971 to reflect the impact of the new Incentive Program, and 1.009 to adjust for differences in induced demand between the experience period and projection period.  |
| Rx               | 0.955        | Multiplicative factors of 1.004 to reflect changes in our Mandatory Generic policy. Also includes multiplicative factors of 1.008 for changes in average age of the pool, 0.971 to reflect the impact of the new Incentive Program, 1.009 to adjust for differences in induced demand between the experience period and projection period, and 0.963 to reflect a projected increase in pharmacy rebates. |
| Capitation       | 0.763        | Multiplicative factor of 0.763 to adjust for changes in behavioral health capitations and the replacement of pre-ACA core vision with embedded pediatric and embedded adult vision.   |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016

Support for "Other" Adjustment Factors

**1. Factors to adjust for capitation schedule changes**

|  | Allowed Claims | Item | Calculation |
|--|----------------|------|-------------|
| Experience Period Professional Allowed PMPM  | \$ 144.59      | (1)  |             |
| Experience Period Capitation PMPM  | \$ 1.26        | (2)  |             |
| Projected Difference in Professional Capitations PMPM due to Contractual Changes * | (\$0.25)       | (3)  |             |
| Projected Difference in Vision Capitations PMPM **                                 | \$ (0.05)      | (4)  |             |

\* Note: Case management of behavioral health will no longer be a capitated service and will instead be processed as a professional claim.

|   |        |                              |
|---|--------|------------------------------|
| Adjustment Factor - Impact to Professional only (Blended Across Single Risk Pool) | 0.2%   | (5) = [(1)-(3)] / (1) -1     |
| Adjustment Factor - Impact to Capitations only (Blended Across Single Risk Pool)  | -23.7% | (6) = [(2)+(3)+(4)] / (2) -1 |

**2. Pharmacy Rebates Adjustment**

**Ind64-**

CareFirst changed its Pharmacy Benefits Manager (PBM) in 2014 and has received increased pharmacy rebates as a result of this move. The 2014 experience period rebates are a blend of those received from the two different PBMs. In 2016 the rebates will be entirely from the new PBM. The adjustment below is the ratio of the rebate PMPM for the last 3 months of 2014, which is primarily the new PBM with higher rebates, over the average rebate PMPM for all of 2014.

|  |           |                       |
|--|-----------|-----------------------|
| Experience Period Allowed Rx PMPM (Pre-Rebate)             | \$ 106.70 | (1)                   |
| Experience Period Pharmacy Rebates PMPM                    | (\$6.31)  | (2)                   |
| Projection Period Pharmacy Rebates PMPM                    | (\$11.08) | (3)                   |
| Rebate adjustment factor - Impact to Rx only (Ind64- Only) | -4.5%     | (4) = [(3)-(2)] / (1) |

**Small Group**

|   |           |                       |
|---|-----------|-----------------------|
| Experience Period Allowed Rx PMPM (Pre-Rebate)                  | \$ 106.61 | (1)                   |
| Experience Period Pharmacy Rebates PMPM                         | (\$10.48) | (2)                   |
| Projection Period Pharmacy Rebates PMPM                         | (\$14.32) | (3)                   |
| Rebate adjustment factor - Impact to Rx only (Small Group Only) | -3.6%     | (4) = [(3)-(2)] / (1) |

|  |       |
|--|-------|
| Rebate adjustment factor - Impact to Rx only (Blended Across Single Risk Pool) | -3.7% |
|--|-------|

**3. Mandatory Generic Factor Derivation (Based on CFI Total Book of Business Data)**

|   |                  |               |
|---|------------------|---------------|
| Total \$ Impact Due to expansion of list of Mandatory Generic Drugs | \$ 4,594,160     | (1)           |
| Total 2013 Drug Claims  | \$ 1,249,560,894 | (2)           |
| % Increase in Paid Drug \$ - Impact to Rx only                      | 0.4%             | (3) = (1)/(2) |

**4. Changes in treatment of ABA services (see page 35 for details)**

**Ind64-**

|   |           |               |
|---|-----------|---------------|
| \$ Impact to Experience Period Allowed PMPM                                 | \$ 1.19   | (1)           |
| Experience Period Allowed PMPM for Professional Services                    | \$ 136.96 | (2)           |
| Changes in treatment of ABA services - Impact (to Ind64- Professional only) | 0.9%      | (3) = (1)/(2) |

**Small Group**

|  |           |               |
|--|-----------|---------------|
| \$ Impact to Experience Period Allowed PMPM                                      | \$ 3.10   | (4)           |
| Experience Period Allowed PMPM for Professional Services                         | \$ 145.22 | (5)           |
| Changes in treatment of ABA services - Impact (to Small Group Professional only) | 2.1%      | (6) = (4)/(5) |

|  |      |
|--|------|
| Changes in treatment of ABA services - Impact to Professional only (Blended Across Single Risk Pool) | 2.0% |
|--|------|

**5. Demographic Factor Derivation (see page 36 for details)**

|  |      |
|--|------|
| Demographic Impact (Blended Across Single Risk Pool) | 0.8% |
|--|------|

**6. Incentive Program Factor Derivation**

**Ind 64-**

|  |           |
|--|-----------|
| Total Allowed PMPM (with incentive program)  | \$ 434.06 |
| Total Allowed PMPM (without incentive program)   | \$ 443.83 |
| Expected Impact - Applied to all service categories excluding capitation (Ind64- Only) | -2.2%     |

**Small Group**

|   |           |
|---|-----------|
| Total Allowed PMPM (with incentive program)   | \$ 423.73 |
| Total Allowed PMPM (without incentive program)  | \$ 436.83 |
| Expected Impact - Applied to all service categories excluding capitation (Small Group Only) | -3.0%     |

|  |       |
|--|-------|
| Expected Impact - Applied to all service categories excluding capitation (Blended Across Single Risk Pool) | -2.9% |
|--|-------|

\*\* Please see page 38 for the derivation of this PMPM difference.

Note: Blended adjustments are an average of Ind64- and Small Group adjustments, weighted by claims.

Note: Please see pages 32 and 37 for the derivation of the adjustments for induced demand and embedded pediatric dental coverage, both of which are applied under the 'Other' projection factors field in the Allowed PMPM Projection exhibits.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Autism Cost Model**

Average Cost:

|   |       |
|---|-------|
| Assume treatment cost per hour for intensive ABA therapy    | \$47  |
| Assume treatment of \$75 per hour for non-intensive therapy | \$100 |

Children 2-5:  
Children 6-7:  
Children 8-12:  
Children 13-21:

| ABA Therapy hrs/wk | Other Therapy hrs/wk | Hrs/Yr Therapy | Cost Per Year Therapy |
|--------------------|----------------------|----------------|-----------------------|
| 40                 | 0                    | 2080           | 97,400                |
| 15                 | 5                    | 1040           | 62,547                |
| 0                  | 10                   | 520            | 52,043                |
| 0                  | 8                    | 416            | 41,635                |

Utilization:

Assume 1 in every 68 children age 1-21 have Autism or Asperger's. Assume 1 in 3 seek ABA treatment  
children age 2-5 as a % of total population  
children age 6 as a % of total population  
children age 7 as % total population  
children age 8 as % total population  
children age 9-12 as a % of total population  
children age 13-21 as a % of total population

|       |           |               |
|-------|-----------|---------------|
| 0.49% | <b>SG</b> | <b>Ind64-</b> |
| ==>   | 4.7%      | 2.6%          |
| ==>   | 1.1%      | 0.6%          |
|       | 1.1%      | 0.5%          |
|       | 1.2%      | 0.5%          |
| ==>   | 4.4%      | 1.8%          |
| ==>   | 8.6%      | 3.4%          |

Cost PMPM:

Children 2-5:  
Children age 6  
Children age 7  
Children age 8  
Children 9-12:  
Children 13-21:  
Total  
% of Population Pre-ACA  
Adjusted PMPM

| Small Group |       | Ind64- |       |
|-------------|-------|--------|-------|
| \$          | 1.89  | \$     | 1.03  |
| \$          | 0.29  | \$     | 0.15  |
| \$          | 0.29  | \$     | 0.13  |
| \$          | 0.26  | \$     | 0.10  |
| \$          | 0.93  | \$     | 0.38  |
| \$          | 1.47  | \$     | 0.57  |
| \$          | 5.12  | \$     | 2.35  |
|             | 60.6% |        | 50.7% |
| \$          | 3.10  | \$     | 1.19  |

|                                   | Small Group | Ind64- | Blended     |
|-----------------------------------|-------------|--------|-------------|
| Adjustment (to Professional Only) | 2.1%        | 0.9%   | <b>2.0%</b> |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Demographic Factor Derivation**

|                        |              | Non-Metaled     |                 | Metaled &       |                 | $\Delta$   | Proposed        |                 | $\Delta$   |
|------------------------|--------------|-----------------|-----------------|-----------------|-----------------|------------|-----------------|-----------------|------------|
|                        |              | ACA             | Average         | Non-Metaled     | Average         |            | Members         | Average         |            |
|                        |              | Members         | Age             | Members         | Age             |            | Members         | Age             |            |
|                        |              | <u>12/31/13</u> | <u>12/31/13</u> | <u>12/31/14</u> | <u>12/31/14</u> |            | <u>12/31/16</u> | <u>12/31/16</u> |            |
| Ind 64-                | GHMSI        | 4,067           | 33.5            | 2,329           | 37.3            | 3.8        | 3,161           | 38.5            | 5.0        |
| Small Group            | GHMSI        | 34,141          | 34.0            | 35,863          | 33.9            | (0.0)      | 39,056          | 33.9            | (0.0)      |
| <b>Ind64- &amp; SG</b> | <b>GHMSI</b> | <b>38,208</b>   | <b>33.9</b>     | <b>38,192</b>   | <b>34.1</b>     | <b>0.2</b> | <b>42,217</b>   | <b>34.3</b>     | <b>0.3</b> |

|                        | Average         | Age          | Factor * | Proposed        | Age          | Factor * | $\Delta$ Age  |
|------------------------|-----------------|--------------|----------|-----------------|--------------|----------|---------------|
|                        | Age             |              |          | Age             |              |          |               |
|                        | <u>12/31/13</u> |              |          | <u>12/31/16</u> |              |          | <u>Factor</u> |
| <b>Ind64- &amp; SG</b> | <b>33.9</b>     | <b>0.799</b> |          | <b>34.3</b>     | <b>0.806</b> |          | <b>0.8%</b>   |
|                        | 33.0            | 0.790        |          | 34.0            | 0.800        |          |               |
|                        | 34.0            | 0.800        |          | 35.0            | 0.820        |          |               |

\* From internally developed 4.5:1 age curve.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Derivation of Embedded Pediatric Dental Rate**

| #  | Formula                  | Description   | %      | PMPM         |
|----|--------------------------|---|--------|--------------|
| 1  |                          | Base D.C. Dental Allowed PMPM For Members Age 19 and Under, Classes 1 -4    | \$     | 14.64        |
| 2  |                          | Adjustment to D.C. Benchmark Plan (D.C. FEDVIP)                             | -0.71% |              |
| 3  | <b>(3) = (1)*(1+(2))</b> | Adjusted Allowed PMPM Classes 1 - 4   | \$     | 14.54        |
| 4  |                          | Base D.C. Dental Allowed PMPM For Members Age 19 and Under, Class 5 (Ortho) | \$     | 3.25         |
| 5  |                          | Adjustment to D.C. Benchmark Plan   | -40%   |              |
| 6  | <b>(6) = (4)*(1+(5))</b> | Adjusted Allowed PMPM Class 5 (Ortho)                                       | \$     | 1.95         |
| 7  |                          | <b>Estimated Base Period Allowed PMPM Adjusted to D.C. Benchmark</b>        | \$     | <b>16.49</b> |
| 8  |                          | Completion Factor (Incurred 12, Paid 14)                                    |        | 0.982        |
| 9  | <b>(9) = (7)/(8)</b>     | <b>Ultimate Base Period Allowed PMPM Adjusted to D.C. Benchmark</b>         | \$     | <b>16.80</b> |
| 10 |                          | Adjustment to Dental PPO Fee Schedule                                       | 0.908  |              |
| 11 | <b>(11) = (9)*(10)</b>   | Projected Allowed Pediatric PMPM Based On PPO Fee Schedule                  | \$     | 15.25        |
| 12 |                          | % of D.C. Small Group & Individual, Non-Medigap Market Age 19 and Under     | 13.9%  |              |
| 13 | <b>(13) = (11)*(12)</b>  | Projected Allowed Pediatric Dental PMPM Spread Over Single Risk Pool        | \$     | <b>2.12</b>  |
| 14 |                          | Base Period Other Medical PMPM  | \$     | 25.36        |
| 15 |                          | <b>Projection Factor Entered To Adjust Other Medical Category</b>           |        | <b>1.084</b> |
| 16 |                          | <b>Impact on Total Medical and Rx Base Period PMPM</b>                      |        | <b>1.005</b> |

**Notes:**

- Row 1** Allowed PMPM for experience period of 1/1/2014 - 12/31/2014, pd through 2/28/2015 for Classes 1- 4.
- Row 2** Adjustment factor to account for coverage differences between current plans and D.C. Benchmark plan for Classes 1 - 4.
- Row 4** Allowed PMPM for experience period of 01/2014 - 12/2014, pd through 2/28/2015 for Class 5 (Ortho).
- Row 5** Adjustment factor to account for coverage differences between current plans and D.C. Benchmark plan for Class 5 (Ortho), as provided by CareFirst's Dental Network Director. No change to the factor used in the approved 2015 filing.
- Row 10** Adjustment to Preferred plan basis from blended product basis implicit in base experience data.



**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Vision Embedded in Medical Plan**

**Derivation of Embedded Pediatric Vision Rate**

|  |           |             |
|--|-----------|-------------|
| Small Group Embedded PMPM (Vision Capitation)                                | \$        | 1.25        |
| % of 2014 D.C. Small Group Market in Pre-ACA plans, Age 19 and Under *       |           | 13.9%       |
| <b>Additional Pediatric Vision PMPM Spread Over Small Group Market</b>       | <b>\$</b> | <b>0.17</b> |
| Individual, non-Medigap Embedded PMPM (Vision Capitation)                    | \$        | 1.77        |
| % of D.C. Individual, non-Medigap Market Age 19 and Under                    |           | 8.9%        |
| <b>Pediatric Vision PMPM Spread Over Individual Market</b>                   | <b>\$</b> | <b>0.16</b> |
| <b>Blended EHB Pediatric Vision PMPM Spread Over Entire Single Risk Pool</b> | <b>\$</b> | <b>0.17</b> |

**Derivation of Embedded Adult Vision Rate (Non-EHB, Individual Market Only)**

|  |           |             |
|--|-----------|-------------|
| Individual, non-Medigap Embedded PMPM (Vision Capitation)                    | \$        | 1.16        |
| % of D.C. Individual, non-Medigap Market Over Age 19                         |           | 91.1%       |
| <b>Embedded Adult Vision PMPM Spread Over Individual Market</b>              | <b>\$</b> | <b>1.06</b> |
| <b>Blended Non-EHB Adult Vision PMPM Spread Over Entire Single Risk Pool</b> | <b>\$</b> | <b>0.08</b> |

**Derivation of Projection Factor**

|   |           |               |
|---|-----------|---------------|
| <b>Total Embedded Vision PMPM</b>   | <b>\$</b> | <b>0.25</b>   |
| Experience Period Pre-ACA Core Vision Capitation PMPM Spread Over Entire Single Risk Pool | \$        | 0.30          |
| <b>\$ Change from Experience to Projection Period PMPM</b>                                | <b>\$</b> | <b>(0.05)</b> |

\* This represents the portion of experience period enrollment which is not yet subject to the embedded pediatric vision capitation.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Derivation of Age Calibration Factor**  
**Based on Approved DC Age Factors from 1/1/2015**

|   |              |
|---|--------------|
| Average Age Factor                                      | 1.068        |
| Non-Integer Average Age (Implied by Average Age Factor) | 42.4         |
| <b>Needed Calibration Adjustment</b>                    | <b>0.936</b> |
|   |              |
| Integer Average Age (Implied by Average Age Factor)     | 42.0         |
| Closest Federal Age Factor for Weighted Average Age     | 1.053        |
| <b>Calibration Factor</b>                               | <b>0.950</b> |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Small Group Impact of Expected Differences in Utilization of Services Based on Differences in Cost-Sharing**

The factors below are intended to be multiplicative adjustments to the pure cost-sharing factors derived over the pool.  
These factors represent the expected impact on:

**Total GHMSI Small Group**

|                  | Midpoint AV | Projected Member<br>Months | Utilization Impact<br>Relative to Bronze | Impact Relative<br>to Average ** |
|------------------|-------------|----------------------------|--|----------------------------------|
| Platinum         | 90%         | 260,268                    | <b>1.300</b>                             | 1.142                            |
| Gold             | 80%         | 141,312                    | <b>1.200</b>                             | 1.054                            |
| Silver           | 70%         | 67,092                     | <b>1.150</b>                             | 1.010                            |
| Bronze           | 60%         | 0                          | <b>1.000</b>                             | 0.878                            |
| <b>Subtotal:</b> |             | 468,672                    |  |                                  |
| <b>Average</b>   | 84.1%       |                            | 1.248                                    |                                  |

|              | Impact of Health<br>Savings/Reimbursement Account * | Projected Member<br>Months |
|--------------|---|----------------------------|
| HSA/HRA      | 0.960   | 63,324                     |
| All Other ** | 1.007   | 405,348                    |
| <b>Total</b> | 1.001   | 468,672                    |

\* Historical Small Group HRA rates were approximately 8% higher than HSA rates. For the same person, regardless of health status, the addition of an HRA to a plan induces costs relative to HSA and the addition of an HSA reduces costs. Since current Small Group CDH members are enrolled primarily in HSA plans, we assume an overall impact of -4% for CDH plans.

\*\* Please refer to page 41 for normalization.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Support for Normalization Across Individual (Ind) and Small Group (SG) Markets**

| <b>Metal Level</b> | <b>Market</b> | <b>Initial Factor</b> | <b>Projected MMs</b> | <b>Normalized Factors</b> |
|--------------------|---------------|-----------------------|----------------------|---------------------------|
| <b>Platinum</b>    | SG & Ind      | 1.300                 | 95,336               | 1.142                     |
| <b>Gold</b>        | SG & Ind      | 1.200                 | 148,258              | 1.054                     |
| <b>Silver</b>      | SG & Ind      | 1.150                 | 75,968               | 1.010                     |
| <b>Silver 200</b>  | Ind           | 1.046                 | 386                  | 0.919                     |
| <b>Bronze</b>      | SG & Ind      | 1.000                 | 184,089              | 0.879                     |
| <b>Subtotal:</b>   |               | 1.138                 | 504,037              |                           |

|                  | <b>Market</b> | <b>Initial Factor</b> | <b>Projected MMs</b> | <b>Normalized Factors</b> |
|------------------|---------------|-----------------------|----------------------|---------------------------|
| <b>HSA/HRA</b>   | SG            | 0.960                 | 63,324               | 0.960                     |
| <b>HSA</b>       | Ind           | 0.850                 | 4,438                | 0.850                     |
| <b>Other</b>     | SG & Ind      |                       | 434,796              | 1.007                     |
| <b>Subtotal:</b> |               |                       | 502,558              |                           |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Rating Methodology & Sample Calculation**

**Methodology**

1. For each subscriber in a group, identify:

All dependents associated with the subscriber including the following categories:

Spouse/Domestic Partner

# of children ages 21 or older

# of children ages under 21 (if more than 3, select 3 oldest children)

2. For each subscriber and dependent, identify their age.

3. Determine appropriate age factor.

4. Identify the appropriate consumer level base rate.

5. Multiply the (base rate x age factor) and round to the nearest whole cent to determine the member's individual rate.

6. The group's total rate is the sum of individual rates for all members combined.

**Group ABC**

Selects BlueCross BlueShield Preferred 1000, a Multi-State Plan

**Employee 1**

A spouse, and 1 child

1

0

1

**Employee 2**

5 children

0

1

4

| Subscriber        | Spouse   | Child 1  | Subscriber | Child 1 * | Child 2  | Child 3  | Child 4  | Child 5  |
|-------------------|----------|----------|------------|-----------|----------|----------|----------|----------|
| 46                | 34       | 15       | 52         | 6         | 10       | 13       | 18       | 22       |
| 1.227             | 0.856    | 0.654    | 1.545      |           | 0.654    | 0.654    | 0.654    | 0.727    |
| \$515.59          | \$515.59 | \$515.59 | \$515.59   |           | \$515.59 | \$515.59 | \$515.59 | \$515.59 |
| \$632.63          | \$441.35 | \$337.20 | \$796.59   |           | \$337.20 | \$337.20 | \$337.20 | \$374.83 |
| <b>\$3,594.20</b> |          |          |            |           |          |          |          |          |

\* Note that this subscriber has 4 children under the age of 21. Due to the dependent cap, only the oldest 3 are rated. As such, Child 1 is covered at no additional cost.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**Age Factors**

| <b>Age</b>  | <b>Proposed<br/>Factor *</b> |
|-------------|------------------------------|
| <= 20       | 0.654                        |
| 21          | 0.727                        |
| 22          | 0.727                        |
| 23          | 0.727                        |
| 24          | 0.727                        |
| 25          | 0.727                        |
| 26          | 0.727                        |
| 27          | 0.727                        |
| 28          | 0.744                        |
| 29          | 0.760                        |
| 30          | 0.779                        |
| 31          | 0.799                        |
| 32          | 0.817                        |
| 33          | 0.836                        |
| 34          | 0.856                        |
| 35          | 0.876                        |
| 36          | 0.896                        |
| 37          | 0.916                        |
| 38          | 0.927                        |
| 39          | 0.938                        |
| 40          | 0.975                        |
| 41          | 1.013                        |
| 42          | 1.053                        |
| 43          | 1.094                        |
| 44          | 1.137                        |
| 45          | 1.181                        |
| 46          | 1.227                        |
| 47          | 1.275                        |
| 48          | 1.325                        |
| 49          | 1.377                        |
| 50          | 1.431                        |
| 51          | 1.487                        |
| 52          | 1.545                        |
| 53          | 1.605                        |
| 54          | 1.668                        |
| 55          | 1.733                        |
| 56          | 1.801                        |
| 57          | 1.871                        |
| 58          | 1.944                        |
| 59          | 2.020                        |
| 60          | 2.099                        |
| 61          | 2.181                        |
| 62          | 2.181                        |
| 63          | 2.181                        |
| 64 and over | 2.181                        |

\* From approved filing CFAP-129567873, effective 1/1/2015.

# ***APPENDIX***

**CareFirst BlueCross BlueShield (GHMSI)**  
**(NAIC # 53007)**  
**D.C. Small Group Products - On Exchange**  
**Rates Effective 1/1/2016**  
**Non-Grandfathered Experience for Pre-ACA Plans**

**Existing Closed Pre-ACA Products Included in Experience Period**

| <b>HIOS Product ID</b>                  | <b>HIOS Product Name</b> | <b>On/Off<br/>Exchange</b> | <b>Member Months</b> | <b>Total Premium</b>  | <b>Total Allowed Claims *</b> | <b>Incurred Claims<br/>*</b> |
|---|--------------------------|----------------------------|----------------------|-----------------------|-------------------------------|------------------------------|
| 78079DC008                              | BluePreferred            | N/A                        | 255,997              | \$ 123,986,992        | \$ 117,465,158                | \$ 108,091,105               |
| 78079DC010                              | BluePreferred HRA        | N/A                        | 7,853                | \$ 3,423,387          | \$ 3,690,149                  | \$ 3,108,747                 |
| 78079DC009                              | BluePreferred HSA        | N/A                        | 21,239               | \$ 8,637,124          | \$ 8,547,512                  | \$ 7,048,180                 |
| 78079DC015                              | BluePreferred HDHP       | N/A                        | 1,617                | \$ 693,974            | \$ 683,290                    | \$ 554,294                   |
| 78079DC011                              | Indemnity                | N/A                        | 411                  | \$ 271,132            | \$ 216,960                    | \$ 200,583                   |
| <b>Subtotal Termed Non-ACA for URRT</b> |                          |                            | <b>287,117</b>       | <b>\$ 137,012,608</b> | <b>\$ 130,603,069</b>         | <b>\$ 119,002,908</b>        |

\* These amounts do not include pharmacy rebates or capitations.



**CareFirst BlueCross BlueShield (GHMSI)**  
**(NAIC # 53007)**  
**D.C. Small Group Products - On Exchange**  
**Rates Effective 1/1/2016**  
**Non-Grandfathered Experience for ACA Plans**

**Existing ACA Products Included in Experience Period**

| 2014 HIOS Plan ID | 2014 HIOS Plan Name                                     | 2016 HIOS Plan ID * | 2016 HIOS Plan Name   | On/Off Exchange | Contracts a/o Dec 2014 | Member Months  | Total Premium        | Total Allowed Claims *** | Incurred Claims ***  |
|-------------------|---|---------------------|---|-----------------|------------------------|----------------|----------------------|--------------------------|----------------------|
| 78079DC0190001    | BlueCross BlueShield Preferred 2000, A Multi-State Plan | 78079DC0170002      | BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) | On/On           | 2                      | 10             | \$ 6,014             | \$ 1,063                 | \$ 181               |
| 78079DC0230002    | BluePreferred PPO HSA/HRA \$2,000 - SE                  | 78079DC0170002      | BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA) | Off/On          | 4                      | 24             | \$ 10,208            | \$ 6,197                 | \$ 624               |
| 78079DC0170001    | BlueCross BlueShield Preferred 1000, A Multi-State Plan | 78079DC0170001      | BlueCross BlueShield Preferred 1000, a Multi-State Plan           | On/On           | 180                    | 3,735          | \$ 1,557,306         | \$ 1,584,027             | \$ 1,346,888         |
| 78079DC0220002    | BluePreferred PPO \$1,000 - SE                          | 78079DC0170001      | BlueCross BlueShield Preferred 1000, a Multi-State Plan           | Off/On          | 31                     | 175            | \$ 60,548            | \$ 103,542               | \$ 84,922            |
| 78079DC0230008    | BluePreferred PPO HSA/HRA \$1,400                       | 78079DC0220022      | BluePreferred PPO HSA/HRA Silver 1500                             | On/On           | 138                    | 2,831          | \$ 1,044,815         | \$ 1,147,915             | \$ 945,528           |
| 78079DC0230001    | BluePreferred PPO HSA/HRA \$1,400                       | 78079DC0220022      | BluePreferred PPO HSA/HRA Silver 1500                             | Off/On          | 1,398                  | 12,108         | \$ 4,984,209         | \$ 4,975,472             | \$ 3,599,436         |
| 78079DC0230003    | BluePreferred PPO HSA/HRA \$4,000                       | 78079DC0220023      | BluePreferred PPO HSA/HRA Silver 2000                             | On/On           | 3                      | 19             | \$ 5,677             | \$ 536                   | \$ 106               |
| 78079DC0230004    | BluePreferred PPO HSA/HRA \$4,000 - SE                  | 78079DC0220023      | BluePreferred PPO HSA/HRA Silver 2000                             | Off/On          | 10                     | 46             | \$ 9,507             | \$ 355                   | \$ 132               |
| 78079DC0230009    | BluePreferred PPO HSA/HRA \$4,500                       | 78079DC0220023      | BluePreferred PPO HSA/HRA Silver 2000                             | On/On           | 5                      | 39             | \$ 11,737            | \$ 1,685                 | \$ 861               |
| 78079DC0230005    | BluePreferred PPO HSA/HRA \$4,500                       | 78079DC0220023      | BluePreferred PPO HSA/HRA Silver 2000                             | Off/On          | 81                     | 281            | \$ 15,771            | \$ 287,464               | \$ 238,638           |
| 78079DC0230010    | BluePreferred PPO HSA/HRA \$2000, 100%/80%              | 78079DC0220023      | BluePreferred PPO HSA/HRA Silver 2000                             | On/On           | 10                     | 101            | \$ 32,146            | \$ 15,470                | \$ 6,037             |
| 78079DC0230006    | BluePreferred PPO HSA/HRA \$2000, 100%/80%              | 78079DC0220023      | BluePreferred PPO HSA/HRA Silver 2000                             | Off/On          | 581                    | 5,380          | \$ 1,857,936         | \$ 1,988,941             | \$ 1,253,405         |
| 78079DC0230011    | BluePreferred PPO HSA/HRA \$1,800                       | 78079DC0220023      | BluePreferred PPO HSA/HRA Silver 2000                             | On/On           | 4                      | 14             | \$ 3,564             | \$ 1,482                 | \$ 579               |
| 78079DC0230007    | BluePreferred PPO HSA/HRA \$1,800                       | 78079DC0220023      | BluePreferred PPO HSA/HRA Silver 2000                             | Off/On          | 46                     | 489            | \$ 160,559           | \$ 272,018               | \$ 209,376           |
| 78079DC0220012    | BluePreferred PPO \$1,000 100%/80%                      | 78079DC0220020      | BluePreferred PPO Gold 1000                                       | On/On           | 2,012                  | 43,394         | \$ 18,518,562        | \$ 21,287,240            | \$ 18,348,239        |
| 78079DC0220008    | BluePreferred PPO \$1,000 100%/80%                      | 78079DC0220020      | BluePreferred PPO Gold 1000                                       | Off/On          | 666                    | 4,149          | \$ 1,507,074         | \$ 2,057,341             | \$ 1,619,766         |
| 78079DC0220006    | BluePreferred PPO \$500                                 | 78079DC0220025      | BluePreferred PPO Platinum 500                                    | On/On           | 56                     | 625            | \$ 253,462           | \$ 274,159               | \$ 250,245           |
| 78079DC0220001    | BluePreferred PPO \$500                                 | 78079DC0220025      | BluePreferred PPO Platinum 500                                    | Off/On          | 3,082                  | 17,976         | \$ 10,054,966        | \$ 8,742,826             | \$ 7,624,382         |
| 78079DC0220016    | BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%        | 78079DC0220024      | BluePreferred PPO Platinum 0                                      | On/On           | 19                     | 145            | \$ 65,903            | \$ 33,631                | \$ 28,116            |
| 78079DC0220017    | BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50% - SE   | 78079DC0220024      | BluePreferred PPO Platinum 0                                      | Off/On          | 17                     | 217            | \$ 120,232           | \$ 151,346               | \$ 141,840           |
| 78079DC0220019    | BluePreferred PPO \$500 \$20/\$30 **                    | 78079DC0220021      | BluePreferred PPO Gold 500  | On/On           | -                      | -              | \$ -                 | \$ -                     | \$ -                 |
| 78079DC0220018    | BluePreferred PPO \$1000 \$30/\$40 **                   | 78079DC0220026      | BluePreferred PPO Silver 1000                                     | On/On           | -                      | -              | \$ -                 | \$ -                     | \$ -                 |
| 78079DC0220007    | BluePreferred PPO \$1,200                               | 78079DC0220031      | BluePreferred PPO Gold 1500                                       | On/On           | 67                     | 984            | \$ 389,705           | \$ 338,433               | \$ 269,752           |
| 78079DC0220003    | BluePreferred PPO \$1,200                               | 78079DC0220031      | BluePreferred PPO Gold 1500                                       | Off/On          | 1,072                  | 8,297          | \$ 4,109,747         | \$ 4,070,164             | \$ 3,232,211         |
| 78079DC0220015    | BluePreferred PPO \$2,000                               | 78079DC0220031      | BluePreferred PPO Gold 1500                                       | On/On           | 152                    | 2,454          | \$ 944,036           | \$ 708,015               | \$ 576,012           |
| 78079DC0220004    | BluePreferred PPO \$2,000                               | 78079DC0220031      | BluePreferred PPO Gold 1500                                       | Off/On          | 513                    | 3,577          | \$ 1,305,833         | \$ 1,023,922             | \$ 782,479           |
| 78079DC0220011    | BluePreferred PPO \$4,500                               | 78079DC0220026      | BluePreferred PPO Silver 1000                                     | On/On           | 1                      | 5              | \$ 1,148             | \$ -                     | \$ -                 |
| 78079DC0220005    | BluePreferred PPO \$4,500                               | 78079DC0220026      | BluePreferred PPO Silver 1000                                     | Off/On          | 79                     | 451            | \$ 199,099           | \$ 254,576               | \$ 180,667           |
| 78079DC0220014    | BluePreferred PPO \$1,000 80%/60%                       | 78079DC0220020      | BluePreferred PPO Gold 1000                                       | On/On           | 351                    | 6,782          | \$ 2,507,821         | \$ 1,839,405             | \$ 1,468,894         |
| 78079DC0220010    | BluePreferred PPO \$1,000 80%/60%                       | 78079DC0220020      | BluePreferred PPO Gold 1000                                       | Off/On          | 207                    | 2,032          | \$ 752,777           | \$ 507,922               | \$ 389,580           |
| 78079DC0220013    | BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%       | 78079DC0220024      | BluePreferred PPO Platinum 0                                      | On/On           | 103                    | 935            | \$ 460,947           | \$ 287,624               | \$ 258,645           |
| 78079DC0220009    | BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%       | 78079DC0220024      | BluePreferred PPO Platinum 0                                      | Off/On          | 6,837                  | 43,525         | \$ 25,352,371        | \$ 21,343,620            | \$ 19,598,292        |
| 78079DC0300005    | HealthyBlue PPO \$300                                   | 78079DC0220030      | HealthyBlue PPO Platinum 500                                      | On/On           | 15                     | 96             | \$ 40,046            | \$ 31,557                | \$ 29,331            |
| 78079DC0300002    | HealthyBlue PPO \$300                                   | 78079DC0220030      | HealthyBlue PPO Platinum 500                                      | Off/On          | 189                    | 963            | \$ 430,167           | \$ 362,222               | \$ 312,935           |
| 78079DC0300006    | HealthyBlue PPO \$600                                   | 78079DC0220029      | HealthyBlue PPO Platinum 1000                                     | On/On           | 7                      | 46             | \$ 32,874            | \$ 6,431                 | \$ 5,606             |
| 78079DC0300003    | HealthyBlue PPO \$600                                   | 78079DC0220029      | HealthyBlue PPO Platinum 1000                                     | Off/On          | 108                    | 539            | \$ 190,750           | \$ 99,656                | \$ 88,459            |
| 78079DC0300004    | HealthyBlue PPO \$1,500                                 | 78079DC0220027      | HealthyBlue PPO Gold 1500   | On/On           | 1,177                  | 20,595         | \$ 7,104,105         | \$ 5,312,482             | \$ 4,610,318         |
| 78079DC0300001    | HealthyBlue PPO \$1,500                                 | 78079DC0220027      | HealthyBlue PPO Gold 1500   | Off/On          | 303                    | 2,104          | \$ 669,745           | \$ 1,178,743             | \$ 1,053,078         |
| 78079DC0310002    | HealthyBlue PPO HSA/HRA \$2,000                         | 78079DC0220028      | HealthyBlue PPO HSA/HRA Silver 2000                               | On/On           | 7                      | 21             | \$ 7,699             | \$ 14,287                | \$ 9,216             |
| 78079DC0310001    | HealthyBlue PPO HSA/HRA \$2,000                         | 78079DC0220028      | HealthyBlue PPO HSA/HRA Silver 2000                               | Off/On          | 150                    | 1,256          | \$ 403,836           | \$ 335,527               | \$ 168,803           |
|                   |   |                     | <b>Total</b>  |                 | <b>19,683</b>          | <b>186,420</b> | <b>\$ 85,182,902</b> | <b>\$ 80,647,296</b>     | <b>\$ 68,733,579</b> |

\* Experience for mapped plans will be listed in the URRT under these 2016 HIOS Plan IDs.

\*\* This plan was introduced in 2015. As a result it has no experience in this filing's experience period.

\*\*\* These amounts do not include pharmacy rebates or capitations.

Note: All 2014 Off Exchange plan IDs were Uniformly Modified into the corresponding On Exchange ID for 2015.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**D.C. GHMSI Small Group Experience**  
**Experience Period: 1/1/2014 - 12/31/2014, Paid Through 2/28/2015**

|   | <b>Non-Grandfathered Small Group</b><br>(Used in Base Period Data) |              |                     |
|---|--|--------------|---------------------|
| <b>Service Category</b>                 | <b>Allowed Amount</b>  | <b>Units</b> | <b>Allowed PMPM</b> |
| <b>Inpatient</b>                        | \$ 36,876,896  | 2,257        | \$ 77.88            |
| <b>Outpatient</b>                       | \$ 43,533,634  | 34,973       | \$ 91.93            |
| <b>Professional</b>                     | \$ 68,766,862  | 420,655      | \$ 145.22           |
| <b>Other</b>                            | \$ 11,589,062  | 46,778       | \$ 24.47            |
| <b>Rx *</b>                             | \$ 50,483,911  | 370,964      | \$ 106.61           |
| <b>Capitation</b>                       | \$ 569,621   |              | \$ 1.20             |
| <b>Total (Including Capitations) **</b> | <b>\$ 211,819,986</b>  |              | <b>\$ 447.31</b>    |
| <b>Member Months</b>                    | 473,537  |              |                     |

\* These allowed amounts do not account for pharmacy rebates.

\*\* This total is greater than the combined totals from pages 45 and 46 due to the inclusion of capitations.

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**Blended Index Rate**

| <b>Effective Date</b> | <b>Index Rate</b> | <b>Total Member<br/>Months</b> |
|-----------------------|-------------------|--------------------------------|
| 1/1/2016              | \$ 522.72         | 96,252                         |
| 4/1/2016              | \$ 531.82         | 39,324                         |
| 7/1/2016              | \$ 541.09         | 89,700                         |
| 10/1/2016             | \$ 550.56         | 243,396                        |
| <b>Blended</b>        | <b>\$ 541.46</b>  | <b>468,672</b>                 |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
**D.C. GHMSI Non-Grandfathered Small Group & Individual Base Experience Medical Inpatient**  
Experience Period: Incurred 201401 - 201412, Paid through 201502

|                        |           |         |              |        |                   | Completed    |        | Rolling 12 PMPM |             |             | Rolling 12 Trend |             |           |         |       |             |
|------------------------|-----------|---------|--------------|--------|-------------------|--------------|--------|-----------------|-------------|-------------|------------------|-------------|-----------|---------|-------|-------------|
| Month                  | Contracts | Members | Allowed      | Admits | Completion Factor | Allowed      | Admits | Allowed         | Admits/1000 | Unit Cost   | Allowed          | Admits/1000 | Unit Cost |         |       |             |
| 201204                 | 21,223    | 37,910  | \$2,181,765  | 163    | 1.00              | \$2,181,765  | 163    |                 |             |             |                  |             |           |         |       |             |
| 201205                 | 21,164    | 37,866  | \$2,651,489  | 190    | 1.00              | \$2,651,489  | 190    |                 |             |             |                  |             |           |         |       |             |
| 201206                 | 21,448    | 38,442  | \$2,353,838  | 163    | 1.00              | \$2,353,838  | 163    |                 |             |             |                  |             |           |         |       |             |
| 201207                 | 21,448    | 38,550  | \$2,703,814  | 194    | 1.00              | \$2,703,814  | 194    |                 |             |             |                  |             |           |         |       |             |
| 201208                 | 21,531    | 38,819  | \$2,594,104  | 165    | 1.00              | \$2,594,104  | 165    |                 |             |             |                  |             |           |         |       |             |
| 201209                 | 21,608    | 38,950  | \$2,215,783  | 182    | 1.00              | \$2,215,783  | 182    |                 |             |             |                  |             |           |         |       |             |
| 201210                 | 21,734    | 39,163  | \$2,725,151  | 205    | 1.00              | \$2,725,151  | 205    |                 |             |             |                  |             |           |         |       |             |
| 201211                 | 21,713    | 39,147  | \$2,787,006  | 185    | 1.00              | \$2,787,006  | 185    |                 |             |             |                  |             |           |         |       |             |
| 201212                 | 21,646    | 39,205  | \$1,943,251  | 167    | 1.00              | \$1,943,251  | 167    |                 |             |             |                  |             |           |         |       |             |
| 201301                 | 21,402    | 38,693  | \$2,571,502  | 191    | 1.00              | \$2,571,502  | 191    |                 |             |             |                  |             |           |         |       |             |
| 201302                 | 21,266    | 38,330  | \$2,316,652  | 155    | 1.00              | \$2,316,652  | 155    |                 |             |             |                  |             |           |         |       |             |
| 201303                 | 21,204    | 38,141  | \$2,299,775  | 176    | 1.00              | \$2,300,189  | 176    |                 |             |             |                  |             |           | \$63.35 | 55.34 | \$13,737.88 |
| 201304                 | 21,200    | 38,093  | \$2,706,146  | 158    | 1.00              | \$2,706,811  | 158    |                 |             |             |                  |             |           | \$64.46 | 55.19 | \$14,016.24 |
| 201305                 | 21,198    | 37,974  | \$2,269,037  | 182    | 1.00              | \$2,269,768  | 182    |                 |             |             |                  |             |           | \$63.62 | 54.97 | \$13,888.87 |
| 201306                 | 21,064    | 37,765  | \$2,618,228  | 182    | 1.00              | \$2,619,227  | 182    |                 |             |             |                  |             |           | \$64.29 | 55.54 | \$13,889.12 |
| 201307                 | 21,058    | 37,791  | \$2,445,537  | 183    | 1.00              | \$2,446,628  | 183    |                 |             |             |                  |             |           | \$63.83 | 55.35 | \$13,839.60 |
| 201308                 | 21,257    | 38,112  | \$2,527,545  | 181    | 1.00              | \$2,528,773  | 181    |                 |             |             |                  |             |           | \$63.79 | 55.85 | \$13,705.50 |
| 201309                 | 21,087    | 37,745  | \$4,260,455  | 167    | 1.00              | \$4,262,569  | 167    |                 |             |             |                  |             |           | \$68.41 | 55.61 | \$14,761.20 |
| 201310                 | 21,121    | 37,766  | \$2,806,086  | 163    | 1.00              | \$2,808,202  | 163    |                 |             |             |                  |             |           | \$68.80 | 54.68 | \$15,096.61 |
| 201311                 | 21,168    | 37,942  | \$2,943,169  | 184    | 1.00              | \$2,945,674  | 184    |                 |             |             |                  |             |           | \$69.32 | 54.81 | \$15,178.63 |
| 201312                 | 21,264    | 38,208  | \$2,862,884  | 181    | 1.00              | \$2,865,452  | 181    |                 |             |             |                  |             |           | \$71.49 | 55.30 | \$15,514.78 |
| 201401                 | 24,850    | 44,008  | \$5,320,702  | 243    | 1.00              | \$5,325,580  | 243    | \$76.63         | 56.02       | \$16,416.42 |                  |             |           |         |       |             |
| 201402                 | 25,039    | 44,351  | \$3,011,214  | 225    | 1.00              | \$3,014,836  | 225    | \$77.14         | 57.10       | \$16,211.85 |                  |             |           |         |       |             |
| 201403                 | 24,893    | 44,058  | \$3,088,838  | 230    | 1.00              | \$3,093,423  | 230    | \$77.85         | 57.76       | \$16,173.58 |                  |             |           | 22.9%   | 4.4%  | 17.7%       |
| 201404                 | 24,744    | 43,879  | \$3,493,126  | 224    | 1.00              | \$3,501,905  | 225    | \$78.57         | 58.73       | \$16,053.93 |                  |             |           | 21.9%   | 6.4%  | 14.5%       |
| 201405                 | 24,773    | 43,903  | \$2,543,925  | 205    | 1.00              | \$2,554,082  | 206    | \$78.20         | 58.60       | \$16,012.96 |                  |             |           | 22.9%   | 6.6%  | 15.3%       |
| 201406                 | 24,685    | 43,842  | \$3,572,730  | 211    | 0.99              | \$3,594,543  | 212    | \$79.21         | 58.61       | \$16,217.56 |                  |             |           | 23.2%   | 5.5%  | 16.8%       |
| 201407                 | 24,295    | 43,134  | \$2,980,046  | 195    | 0.99              | \$3,004,173  | 197    | \$79.48         | 58.31       | \$16,357.71 |                  |             |           | 24.5%   | 5.3%  | 18.2%       |
| 201408                 | 24,024    | 42,778  | \$4,270,440  | 193    | 0.99              | \$4,313,678  | 195    | \$82.30         | 58.10       | \$16,999.10 |                  |             |           | 29.0%   | 4.0%  | 24.0%       |
| 201409                 | 23,656    | 42,159  | \$2,477,927  | 178    | 0.99              | \$2,512,955  | 180    | \$78.13         | 57.91       | \$16,189.84 |                  |             |           | 14.2%   | 4.1%  | 9.7%        |
| 201410                 | 23,242    | 41,463  | \$3,901,150  | 190    | 0.98              | \$3,977,606  | 194    | \$79.85         | 58.21       | \$16,462.84 |                  |             |           | 16.1%   | 6.4%  | 9.0%        |
| 201411                 | 22,955    | 40,889  | \$2,635,156  | 163    | 0.97              | \$2,711,321  | 168    | \$78.94         | 57.49       | \$16,477.63 |                  |             |           | 13.9%   | 4.9%  | 8.6%        |
| 201412                 | 21,579    | 38,192  | \$2,197,614  | 166    | 0.92              | \$2,401,659  | 181    | \$78.04         | 57.50       | \$16,287.23 |                  |             |           | 9.2%    | 4.0%  | 5.0%        |
|                        |           |         |              |        |                   |              |        |                 |             |             |                  |             |           |         |       |             |
| Experience Period      | 288,735   | 512,656 | \$39,492,869 | 2,423  | 0.99              | \$40,005,763 | 2,456  |                 |             |             |                  |             |           |         |       |             |
|                        |           |         |              |        |                   |              |        |                 |             |             |                  |             |           |         |       |             |
| 201403                 | 24,893    | 44,058  |              |        |                   |              |        |                 |             |             | 22.9%            | 4.4%        | 17.7%     |         |       |             |
| 201409                 | 23,656    | 42,159  |              |        |                   |              |        |                 |             |             | 14.2%            | 4.1%        | 9.7%      |         |       |             |
| 201412                 | 21,579    | 38,192  |              |        |                   |              |        |                 |             |             | 9.2%             | 4.0%        | 5.0%      |         |       |             |
| Avg last 6 months      | 23,292    | 41,436  |              |        |                   |              |        |                 |             |             | 17.8%            | 4.8%        | 12.4%     |         |       |             |
| Selected Pricing Trend |           |         |              |        |                   |              |        |                 |             |             |                  | 0.0%        | 7.0%      |         |       |             |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
**D.C. GHMSI Non-Grandfathered Small Group & Individual Base Experience Medical Outpatient**  
Experience Period: Incurred 201401 - 201412, Paid through 201502

|                        |           |         |              |        |                   | Completed    |        | Rolling 12 PMPM |             |            | Rolling 12 Trend |             |           |         |        |            |
|------------------------|-----------|---------|--------------|--------|-------------------|--------------|--------|-----------------|-------------|------------|------------------|-------------|-----------|---------|--------|------------|
| Month                  | Contracts | Members | Allowed      | Visits | Completion Factor | Allowed      | Visits | Allowed         | Visits/1000 | Unit Cost  | Allowed          | Visits/1000 | Unit Cost |         |        |            |
| 201204                 | 21,223    | 37,910  | \$2,929,278  | 2,658  | 1.00              | \$2,929,278  | 2,658  |                 |             |            |                  |             |           |         |        |            |
| 201205                 | 21,164    | 37,866  | \$2,828,205  | 2,699  | 1.00              | \$2,828,205  | 2,699  |                 |             |            |                  |             |           |         |        |            |
| 201206                 | 21,448    | 38,442  | \$2,762,369  | 2,597  | 1.00              | \$2,762,369  | 2,597  |                 |             |            |                  |             |           |         |        |            |
| 201207                 | 21,448    | 38,550  | \$2,966,108  | 2,630  | 1.00              | \$2,966,108  | 2,630  |                 |             |            |                  |             |           |         |        |            |
| 201208                 | 21,531    | 38,819  | \$2,961,171  | 2,672  | 1.00              | \$2,961,171  | 2,672  |                 |             |            |                  |             |           |         |        |            |
| 201209                 | 21,608    | 38,950  | \$3,026,648  | 2,526  | 1.00              | \$3,026,648  | 2,526  |                 |             |            |                  |             |           |         |        |            |
| 201210                 | 21,734    | 39,163  | \$3,044,666  | 2,746  | 1.00              | \$3,044,666  | 2,746  |                 |             |            |                  |             |           |         |        |            |
| 201211                 | 21,713    | 39,147  | \$2,795,070  | 2,594  | 1.00              | \$2,795,070  | 2,594  |                 |             |            |                  |             |           |         |        |            |
| 201212                 | 21,646    | 39,205  | \$2,938,922  | 2,551  | 1.00              | \$2,938,922  | 2,551  |                 |             |            |                  |             |           |         |        |            |
| 201301                 | 21,402    | 38,693  | \$3,164,227  | 2,788  | 1.00              | \$3,164,227  | 2,788  |                 |             |            |                  |             |           |         |        |            |
| 201302                 | 21,266    | 38,330  | \$3,019,054  | 2,566  | 1.00              | \$3,019,054  | 2,566  |                 |             |            |                  |             |           |         |        |            |
| 201303                 | 21,204    | 38,141  | \$3,058,900  | 2,691  | 1.00              | \$3,059,450  | 2,691  |                 |             |            |                  |             |           | \$76.63 | 821.69 | \$1,119.07 |
| 201304                 | 21,200    | 38,093  | \$3,124,854  | 2,674  | 1.00              | \$3,125,620  | 2,675  |                 |             |            |                  |             |           | \$77.02 | 821.80 | \$1,124.67 |
| 201305                 | 21,198    | 37,974  | \$3,194,843  | 2,703  | 1.00              | \$3,195,870  | 2,704  |                 |             |            |                  |             |           | \$77.80 | 821.74 | \$1,136.08 |
| 201306                 | 21,064    | 37,765  | \$2,952,267  | 2,542  | 1.00              | \$2,953,396  | 2,543  |                 |             |            |                  |             |           | \$78.32 | 821.54 | \$1,144.05 |
| 201307                 | 21,058    | 37,791  | \$3,358,381  | 2,685  | 1.00              | \$3,359,877  | 2,686  |                 |             |            |                  |             |           | \$79.30 | 824.35 | \$1,154.43 |
| 201308                 | 21,257    | 38,112  | \$3,089,098  | 2,703  | 1.00              | \$3,090,592  | 2,704  |                 |             |            |                  |             |           | \$79.71 | 826.45 | \$1,157.32 |
| 201309                 | 21,087    | 37,745  | \$2,906,369  | 2,549  | 1.00              | \$2,907,814  | 2,550  |                 |             |            |                  |             |           | \$79.66 | 829.25 | \$1,152.70 |
| 201310                 | 21,121    | 37,766  | \$3,356,738  | 2,791  | 1.00              | \$3,359,271  | 2,793  |                 |             |            |                  |             |           | \$80.58 | 833.00 | \$1,160.88 |
| 201311                 | 21,168    | 37,942  | \$2,957,834  | 2,484  | 1.00              | \$2,960,354  | 2,486  |                 |             |            |                  |             |           | \$81.16 | 832.37 | \$1,170.03 |
| 201312                 | 21,264    | 38,208  | \$3,052,435  | 2,737  | 1.00              | \$3,055,153  | 2,739  | \$81.59         | 839.14      | \$1,166.77 |                  |             |           |         |        |            |
| 201401                 | 24,850    | 44,008  | \$3,614,334  | 3,206  | 1.00              | \$3,617,533  | 3,209  | \$81.63         | 840.42      | \$1,165.60 |                  |             |           |         |        |            |
| 201402                 | 25,039    | 44,351  | \$3,563,674  | 2,953  | 1.00              | \$3,567,957  | 2,957  | \$81.76         | 839.62      | \$1,168.46 |                  |             |           |         |        |            |
| 201403                 | 24,893    | 44,058  | \$4,116,015  | 3,139  | 1.00              | \$4,122,075  | 3,144  | \$82.98         | 840.59      | \$1,184.56 |                  |             |           | 8.3%    | 2.3%   | 5.9%       |
| 201404                 | 24,744    | 43,879  | \$3,733,342  | 3,249  | 1.00              | \$3,742,706  | 3,257  | \$83.26         | 845.02      | \$1,182.40 |                  |             |           | 8.1%    | 2.8%   | 5.1%       |
| 201405                 | 24,773    | 43,903  | \$3,589,503  | 3,131  | 1.00              | \$3,604,052  | 3,144  | \$83.09         | 845.57      | \$1,179.13 |                  |             |           | 6.8%    | 2.9%   | 3.8%       |
| 201406                 | 24,685    | 43,842  | \$3,766,699  | 3,112  | 0.99              | \$3,789,567  | 3,131  | \$83.76         | 849.47      | \$1,183.24 |                  |             |           | 6.9%    | 3.4%   | 3.4%       |
| 201407                 | 24,295    | 43,134  | \$4,094,560  | 3,166  | 0.99              | \$4,127,739  | 3,192  | \$84.40         | 852.55      | \$1,188.04 |                  |             |           | 6.4%    | 3.4%   | 2.9%       |
| 201408                 | 24,024    | 42,778  | \$4,002,463  | 2,997  | 0.99              | \$4,043,138  | 3,027  | \$85.52         | 852.35      | \$1,204.00 |                  |             |           | 7.3%    | 3.1%   | 4.0%       |
| 201409                 | 23,656    | 42,159  | \$3,630,755  | 3,158  | 0.99              | \$3,679,963  | 3,201  | \$86.30         | 860.33      | \$1,203.70 |                  |             |           | 8.3%    | 3.7%   | 4.4%       |
| 201410                 | 23,242    | 41,463  | \$4,431,983  | 3,302  | 0.98              | \$4,517,518  | 3,366  | \$87.94         | 867.58      | \$1,216.41 |                  |             |           | 9.1%    | 4.2%   | 4.8%       |
| 201411                 | 22,955    | 40,889  | \$3,807,304  | 2,849  | 0.97              | \$3,920,098  | 2,933  | \$89.31         | 873.07      | \$1,227.55 |                  |             |           | 10.0%   | 4.9%   | 4.9%       |
| 201412                 | 21,579    | 38,192  | \$4,019,478  | 2,857  | 0.92              | \$4,389,769  | 3,128  | \$91.92         | 882.18      | \$1,250.32 |                  |             |           | 12.7%   | 5.1%   | 7.2%       |
|                        |           |         |              |        |                   |              |        |                 |             |            |                  |             |           |         |        |            |
| Experience Period      | 288,735   | 512,656 | \$46,370,111 | 37,119 | 0.98              | \$47,122,116 | 37,688 |                 |             |            |                  |             |           |         |        |            |
| 201403                 | 24,893    | 44,058  |              |        |                   |              |        |                 |             |            | 8.3%             | 2.3%        | 5.9%      |         |        |            |
| 201409                 | 23,656    | 42,159  |              |        |                   |              |        |                 |             |            | 8.3%             | 3.7%        | 4.4%      |         |        |            |
| 201412                 | 21,579    | 38,192  |              |        |                   |              |        |                 |             |            | 12.7%            | 5.1%        | 7.2%      |         |        |            |
| Avg last 6 months      | 23,292    | 41,436  |              |        |                   |              |        |                 |             |            | 9.0%             | 4.1%        | 4.7%      |         |        |            |
| Selected Pricing Trend |           |         |              |        |                   |              |        |                 |             |            |                  | 3.0%        | 3.5%      |         |        |            |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
**D.C. GHMSI Non-Grandfathered Small Group & Individual Base Experience Medical Professional**  
Experience Period: Incurred 201401 - 201412, Paid through 201502

|                        |           |         |              |         |                   | Completed    |         | Rolling 12 PMPM |             |           | Rolling 12 Trend |             |           |          |           |          |
|------------------------|-----------|---------|--------------|---------|-------------------|--------------|---------|-----------------|-------------|-----------|------------------|-------------|-----------|----------|-----------|----------|
| Month                  | Contracts | Members | Allowed      | Visits  | Completion Factor | Allowed      | Visits  | Allowed         | Visits/1000 | Unit Cost | Allowed          | Visits/1000 | Unit Cost |          |           |          |
| 201204                 | 21,223    | 37,910  | \$4,791,562  | 31,470  | 1.00              | \$4,791,562  | 31,470  |                 |             |           |                  |             |           |          |           |          |
| 201205                 | 21,164    | 37,866  | \$5,293,828  | 34,455  | 1.00              | \$5,293,828  | 34,455  |                 |             |           |                  |             |           |          |           |          |
| 201206                 | 21,448    | 38,442  | \$4,979,990  | 32,030  | 1.00              | \$4,979,990  | 32,030  |                 |             |           |                  |             |           |          |           |          |
| 201207                 | 21,448    | 38,550  | \$4,983,293  | 31,311  | 1.00              | \$4,983,293  | 31,311  |                 |             |           |                  |             |           |          |           |          |
| 201208                 | 21,531    | 38,819  | \$5,102,223  | 33,648  | 1.00              | \$5,102,223  | 33,648  |                 |             |           |                  |             |           |          |           |          |
| 201209                 | 21,608    | 38,950  | \$4,872,213  | 31,017  | 1.00              | \$4,872,213  | 31,017  |                 |             |           |                  |             |           |          |           |          |
| 201210                 | 21,734    | 39,163  | \$5,301,811  | 34,727  | 1.00              | \$5,301,811  | 34,727  |                 |             |           |                  |             |           |          |           |          |
| 201211                 | 21,713    | 39,147  | \$4,958,993  | 32,869  | 1.00              | \$4,958,993  | 32,869  |                 |             |           |                  |             |           |          |           |          |
| 201212                 | 21,646    | 39,205  | \$4,535,888  | 30,186  | 1.00              | \$4,535,888  | 30,186  |                 |             |           |                  |             |           |          |           |          |
| 201301                 | 21,402    | 38,693  | \$5,727,975  | 36,011  | 1.00              | \$5,727,975  | 36,011  |                 |             |           |                  |             |           |          |           |          |
| 201302                 | 21,266    | 38,330  | \$4,973,108  | 31,696  | 1.00              | \$4,973,108  | 31,696  |                 |             |           |                  |             |           |          |           |          |
| 201303                 | 21,204    | 38,141  | \$4,961,344  | 31,596  | 1.00              | \$4,962,236  | 31,602  |                 |             |           |                  |             |           | \$130.57 | 10,129.75 | \$154.68 |
| 201304                 | 21,200    | 38,093  | \$5,519,738  | 34,552  | 1.00              | \$5,521,088  | 34,560  |                 |             |           |                  |             |           | \$132.09 | 10,205.77 | \$155.32 |
| 201305                 | 21,198    | 37,974  | \$5,384,692  | 33,998  | 1.00              | \$5,386,419  | 34,009  |                 |             |           |                  |             |           | \$132.26 | 10,191.85 | \$155.73 |
| 201306                 | 21,064    | 37,765  | \$4,959,486  | 30,920  | 1.00              | \$4,961,384  | 30,932  |                 |             |           |                  |             |           | \$132.42 | 10,178.28 | \$156.12 |
| 201307                 | 21,058    | 37,791  | \$5,263,639  | 32,870  | 1.00              | \$5,265,981  | 32,885  |                 |             |           |                  |             |           | \$133.25 | 10,235.87 | \$156.21 |
| 201308                 | 21,257    | 38,112  | \$5,209,083  | 32,349  | 1.00              | \$5,211,603  | 32,365  |                 |             |           |                  |             |           | \$133.69 | 10,218.17 | \$157.00 |
| 201309                 | 21,087    | 37,745  | \$5,224,295  | 31,821  | 1.00              | \$5,226,903  | 31,837  |                 |             |           |                  |             |           | \$134.81 | 10,266.31 | \$157.57 |
| 201310                 | 21,121    | 37,766  | \$5,856,338  | 37,135  | 1.00              | \$5,860,753  | 37,163  |                 |             |           |                  |             |           | \$136.44 | 10,361.29 | \$158.02 |
| 201311                 | 21,168    | 37,942  | \$5,120,101  | 32,579  | 1.00              | \$5,124,459  | 32,607  |                 |             |           |                  |             |           | \$137.16 | 10,381.70 | \$158.54 |
| 201312                 | 21,264    | 38,208  | \$5,179,463  | 31,830  | 1.00              | \$5,184,078  | 31,858  |                 |             |           |                  |             |           | \$138.88 | 10,448.33 | \$159.50 |
| 201401                 | 24,850    | 44,008  | \$6,805,587  | 39,433  | 1.00              | \$6,811,901  | 39,470  | \$139.63        | 10,417.95   | \$160.83  |                  |             |           |          |           |          |
| 201402                 | 25,039    | 44,351  | \$5,864,410  | 35,061  | 1.00              | \$5,871,459  | 35,103  | \$139.75        | 10,371.27   | \$161.70  |                  |             |           |          |           |          |
| 201403                 | 24,893    | 44,058  | \$6,124,041  | 37,261  | 1.00              | \$6,133,066  | 37,316  | \$140.48        | 10,386.47   | \$162.30  |                  |             |           | 7.6%     | 2.5%      | 4.9%     |
| 201404                 | 24,744    | 43,879  | \$6,377,472  | 39,124  | 1.00              | \$6,393,469  | 39,222  | \$140.60        | 10,377.81   | \$162.58  |                  |             |           | 6.4%     | 1.7%      | 4.7%     |
| 201405                 | 24,773    | 43,903  | \$6,286,657  | 38,467  | 1.00              | \$6,312,042  | 38,623  | \$140.79        | 10,365.11   | \$163.00  |                  |             |           | 6.4%     | 1.7%      | 4.7%     |
| 201406                 | 24,685    | 43,842  | \$6,143,915  | 37,632  | 0.99              | \$6,181,319  | 37,861  | \$141.53        | 10,406.12   | \$163.21  |                  |             |           | 6.9%     | 2.2%      | 4.5%     |
| 201407                 | 24,295    | 43,134  | \$6,174,738  | 37,585  | 0.99              | \$6,225,099  | 37,892  | \$141.94        | 10,415.15   | \$163.54  |                  |             |           | 6.5%     | 1.8%      | 4.7%     |
| 201408                 | 24,024    | 42,778  | \$5,853,438  | 34,999  | 0.99              | \$5,912,955  | 35,354  | \$142.02        | 10,389.78   | \$164.03  |                  |             |           | 6.2%     | 1.7%      | 4.5%     |
| 201409                 | 23,656    | 42,159  | \$6,046,889  | 37,629  | 0.99              | \$6,128,391  | 38,135  | \$142.56        | 10,448.50   | \$163.73  |                  |             |           | 5.7%     | 1.8%      | 3.9%     |
| 201410                 | 23,242    | 41,463  | \$6,751,031  | 42,014  | 0.98              | \$6,881,713  | 42,826  | \$143.53        | 10,506.04   | \$163.94  |                  |             |           | 5.2%     | 1.4%      | 3.7%     |
| 201411                 | 22,955    | 40,889  | \$5,217,364  | 33,055  | 0.97              | \$5,371,212  | 34,031  | \$143.18        | 10,478.99   | \$163.97  |                  |             |           | 4.4%     | 0.9%      | 3.4%     |
| 201412                 | 21,579    | 38,192  | \$5,389,093  | 33,496  | 0.91              | \$5,902,050  | 36,690  | \$144.59        | 10,592.43   | \$163.80  |                  |             |           | 4.1%     | 1.4%      | 2.7%     |
|                        |           |         |              |         |                   |              |         |                 |             |           |                  |             |           |          |           |          |
| Experience Period      | 288,735   | 512,656 | \$73,034,635 | 445,756 | 0.99              | \$74,124,676 | 452,523 |                 |             |           |                  |             |           |          |           |          |
|                        |           |         |              |         |                   |              |         |                 |             |           |                  |             |           |          |           |          |
| 201403                 | 24,893    | 44,058  |              |         |                   |              |         |                 |             | 7.6%      | 2.5%             | 4.9%        |           |          |           |          |
| 201409                 | 23,656    | 42,159  |              |         |                   |              |         |                 |             | 5.7%      | 1.8%             | 3.9%        |           |          |           |          |
| 201412                 | 21,579    | 38,192  |              |         |                   |              |         |                 |             | 4.1%      | 1.4%             | 2.7%        |           |          |           |          |
| Avg last 6 months      | 23,292    | 41,436  |              |         |                   |              |         |                 |             | 5.4%      | 1.5%             | 3.8%        |           |          |           |          |
| Selected Pricing Trend |           |         |              |         |                   |              |         |                 |             |           |                  | 1.0%        | 2.5%      |          |           |          |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
**D.C. GHMSI Non-Grandfathered Small Group & Individual Base Experience Medical Other**  
Experience Period: Incurred 201401 - 201412, Paid through 201502

| Month  | Contracts | Members | Allowed     | Services | Completion Factor | Completed   |          | Rolling 12 PMPM |               |           | Rolling 12 Trend |               |           |
|--------|-----------|---------|-------------|----------|-------------------|-------------|----------|-----------------|---------------|-----------|------------------|---------------|-----------|
|        |           |         |             |          |                   | Allowed     | Services | Allowed         | Services/1000 | Unit Cost | Allowed          | Services/1000 | Unit Cost |
| 201204 | 21,223    | 37,910  | \$636,328   | 2,552    | 1.00              | \$636,328   | 2,552    |                 |               |           |                  |               |           |
| 201205 | 21,164    | 37,866  | \$584,118   | 2,634    | 1.00              | \$584,118   | 2,634    |                 |               |           |                  |               |           |
| 201206 | 21,448    | 38,442  | \$560,034   | 2,463    | 1.00              | \$560,034   | 2,463    |                 |               |           |                  |               |           |
| 201207 | 21,448    | 38,550  | \$557,957   | 2,439    | 1.00              | \$557,957   | 2,439    |                 |               |           |                  |               |           |
| 201208 | 21,531    | 38,819  | \$640,409   | 2,697    | 1.00              | \$640,409   | 2,697    |                 |               |           |                  |               |           |
| 201209 | 21,608    | 38,950  | \$573,973   | 2,416    | 1.00              | \$573,973   | 2,416    |                 |               |           |                  |               |           |
| 201210 | 21,734    | 39,163  | \$616,336   | 2,684    | 1.00              | \$616,336   | 2,684    |                 |               |           |                  |               |           |
| 201211 | 21,713    | 39,147  | \$700,203   | 2,773    | 1.00              | \$700,203   | 2,773    |                 |               |           |                  |               |           |
| 201212 | 21,646    | 39,205  | \$720,885   | 2,664    | 1.00              | \$720,885   | 2,664    |                 |               |           |                  |               |           |
| 201301 | 21,402    | 38,693  | \$771,323   | 2,836    | 1.00              | \$771,323   | 2,836    |                 |               |           |                  |               |           |
| 201302 | 21,266    | 38,330  | \$795,384   | 2,765    | 1.00              | \$795,384   | 2,765    |                 |               |           |                  |               |           |
| 201303 | 21,204    | 38,141  | \$712,802   | 2,682    | 1.00              | \$712,930   | 2,682    | \$16.99         | 818.77        | \$249.00  |                  |               |           |
| 201304 | 21,200    | 38,093  | \$792,078   | 2,998    | 1.00              | \$792,271   | 2,999    | \$17.32         | 830.01        | \$250.40  |                  |               |           |
| 201305 | 21,198    | 37,974  | \$721,511   | 3,015    | 1.00              | \$721,742   | 3,016    | \$17.61         | 839.71        | \$251.69  |                  |               |           |
| 201306 | 21,064    | 37,765  | \$668,048   | 2,587    | 1.00              | \$668,304   | 2,588    | \$17.87         | 844.18        | \$254.05  |                  |               |           |
| 201307 | 21,058    | 37,791  | \$866,515   | 2,766    | 1.00              | \$866,900   | 2,767    | \$18.57         | 854.09        | \$260.91  |                  |               |           |
| 201308 | 21,257    | 38,112  | \$948,156   | 2,952    | 1.00              | \$948,615   | 2,953    | \$19.27         | 862.07        | \$268.19  |                  |               |           |
| 201309 | 21,087    | 37,745  | \$864,844   | 2,896    | 1.00              | \$865,278   | 2,897    | \$19.95         | 876.88        | \$273.01  |                  |               |           |
| 201310 | 21,121    | 37,766  | \$943,212   | 3,312    | 1.00              | \$943,923   | 3,315    | \$20.72         | 896.04        | \$277.55  |                  |               |           |
| 201311 | 21,168    | 37,942  | \$845,383   | 2,877    | 1.00              | \$846,101   | 2,879    | \$21.10         | 901.19        | \$280.94  |                  |               |           |
| 201312 | 21,264    | 38,208  | \$960,270   | 2,926    | 1.00              | \$961,129   | 2,929    | \$21.67         | 910.11        | \$285.73  |                  |               |           |
| 201401 | 24,850    | 44,008  | \$921,838   | 3,291    | 1.00              | \$922,691   | 3,294    | \$21.75         | 911.53        | \$286.32  |                  |               |           |
| 201402 | 25,039    | 44,351  | \$914,600   | 3,437    | 1.00              | \$915,704   | 3,441    | \$21.73         | 917.14        | \$284.27  |                  |               |           |
| 201403 | 24,893    | 44,058  | \$1,195,532 | 3,893    | 1.00              | \$1,197,306 | 3,899    | \$22.48         | 936.49        | \$288.02  | 32.3%            | 14.4%         | 15.7%     |
| 201404 | 24,744    | 43,879  | \$1,045,466 | 4,136    | 1.00              | \$1,048,074 | 4,146    | \$22.74         | 953.91        | \$286.06  | 31.3%            | 14.9%         | 14.2%     |
| 201405 | 24,773    | 43,903  | \$1,170,177 | 3,666    | 1.00              | \$1,175,012 | 3,680    | \$23.40         | 958.68        | \$292.84  | 32.8%            | 14.2%         | 16.3%     |
| 201406 | 24,685    | 43,842  | \$1,108,313 | 4,028    | 0.99              | \$1,115,190 | 4,052    | \$24.02         | 982.56        | \$293.30  | 34.4%            | 16.4%         | 15.4%     |
| 201407 | 24,295    | 43,134  | \$1,076,195 | 4,156    | 0.99              | \$1,085,190 | 4,189    | \$24.20         | 1,006.33      | \$288.53  | 30.3%            | 17.8%         | 10.6%     |
| 201408 | 24,024    | 42,778  | \$1,115,139 | 3,783    | 0.99              | \$1,126,825 | 3,820    | \$24.33         | 1,017.71      | \$286.84  | 26.3%            | 18.1%         | 7.0%      |
| 201409 | 23,656    | 42,159  | \$1,122,090 | 4,130    | 0.99              | \$1,137,092 | 4,184    | \$24.65         | 1,039.33      | \$284.62  | 23.6%            | 18.5%         | 4.3%      |
| 201410 | 23,242    | 41,463  | \$1,098,185 | 4,366    | 0.98              | \$1,120,323 | 4,448    | \$24.82         | 1,058.47      | \$281.37  | 19.8%            | 18.1%         | 1.4%      |
| 201411 | 22,955    | 40,889  | \$967,068   | 3,732    | 0.97              | \$996,294   | 3,838    | \$24.97         | 1,074.84      | \$278.76  | 18.3%            | 19.3%         | -0.8%     |
| 201412 | 21,579    | 38,192  | \$1,064,097 | 4,234    | 0.92              | \$1,162,510 | 4,644    | \$25.36         | 1,115.03      | \$272.95  | 17.0%            | 22.5%         | -4.5%     |

|                        |         |         |              |        |      |              |        |       |       |       |
|------------------------|---------|---------|--------------|--------|------|--------------|--------|-------|-------|-------|
| Experience Period      | 288,735 | 512,656 | \$12,798,700 | 46,852 | 0.98 | \$13,002,211 | 47,635 |       |       |       |
| 201403                 | 24,893  | 44,058  |              |        |      |              |        | 32.3% | 14.4% | 15.7% |
| 201409                 | 23,656  | 42,159  |              |        |      |              |        | 23.6% | 18.5% | 4.3%  |
| 201412                 | 21,579  | 38,192  |              |        |      |              |        | 17.0% | 22.5% | -4.5% |
| Avg last 6 months      | 23,292  | 41,436  |              |        |      |              |        | 22.5% | 19.1% | 3.0%  |
| Selected Pricing Trend |         |         |              |        |      |              |        | 2.0%  | 4.0%  |       |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
**D.C. GHMSI Non-Grandfathered Small Group & Individual Base Experience Rx**  
Experience Period: Incurred 201401 - 201412, Paid through 201502

|                        |           |         |              |         |                   | Completed    |         | Rolling 12 PMPM |              |           | Rolling 12 Trend |              |           |          |          |          |
|------------------------|-----------|---------|--------------|---------|-------------------|--------------|---------|-----------------|--------------|-----------|------------------|--------------|-----------|----------|----------|----------|
| Month                  | Contracts | Members | Allowed      | Scripts | Completion Factor | Allowed      | Scripts | Allowed         | Scripts/1000 | Unit Cost | Allowed          | Scripts/1000 | Unit Cost |          |          |          |
| 201204                 | 21,223    | 37,910  | \$3,674,750  | 29,762  | 1.00              | \$3,674,750  | 29,762  |                 |              |           |                  |              |           |          |          |          |
| 201205                 | 21,164    | 37,866  | \$3,911,489  | 30,754  | 1.00              | \$3,911,489  | 30,754  |                 |              |           |                  |              |           |          |          |          |
| 201206                 | 21,448    | 38,442  | \$3,449,107  | 29,194  | 1.00              | \$3,449,107  | 29,194  |                 |              |           |                  |              |           |          |          |          |
| 201207                 | 21,448    | 38,550  | \$3,669,375  | 29,816  | 1.00              | \$3,669,375  | 29,816  |                 |              |           |                  |              |           |          |          |          |
| 201208                 | 21,531    | 38,819  | \$3,809,418  | 30,541  | 1.00              | \$3,809,418  | 30,541  |                 |              |           |                  |              |           |          |          |          |
| 201209                 | 21,608    | 38,950  | \$3,494,363  | 28,401  | 1.00              | \$3,494,363  | 28,401  |                 |              |           |                  |              |           |          |          |          |
| 201210                 | 21,734    | 39,163  | \$3,758,496  | 30,461  | 1.00              | \$3,758,496  | 30,461  |                 |              |           |                  |              |           |          |          |          |
| 201211                 | 21,713    | 39,147  | \$3,637,237  | 30,489  | 1.00              | \$3,637,237  | 30,489  |                 |              |           |                  |              |           |          |          |          |
| 201212                 | 21,646    | 39,205  | \$3,914,655  | 31,317  | 1.00              | \$3,914,655  | 31,317  |                 |              |           |                  |              |           |          |          |          |
| 201301                 | 21,402    | 38,693  | \$4,116,082  | 32,677  | 1.00              | \$4,116,082  | 32,677  |                 |              |           |                  |              |           |          |          |          |
| 201302                 | 21,266    | 38,330  | \$3,471,712  | 28,499  | 1.00              | \$3,471,712  | 28,499  |                 |              |           |                  |              |           |          |          |          |
| 201303                 | 21,204    | 38,141  | \$3,924,690  | 30,127  | 1.00              | \$3,924,690  | 30,127  |                 |              |           |                  |              |           | \$96.78  | 9,378.90 | \$123.83 |
| 201304                 | 21,200    | 38,093  | \$3,903,624  | 30,342  | 1.00              | \$3,903,624  | 30,342  |                 |              |           |                  |              |           | \$97.24  | 9,390.21 | \$124.26 |
| 201305                 | 21,198    | 37,974  | \$3,931,333  | 30,665  | 1.00              | \$3,931,333  | 30,665  |                 |              |           |                  |              |           | \$97.26  | 9,385.72 | \$124.35 |
| 201306                 | 21,064    | 37,765  | \$3,739,998  | 28,331  | 1.00              | \$3,739,998  | 28,331  |                 |              |           |                  |              |           | \$98.03  | 9,377.08 | \$125.45 |
| 201307                 | 21,058    | 37,791  | \$4,137,957  | 29,873  | 1.00              | \$4,137,957  | 29,873  |                 |              |           |                  |              |           | \$99.20  | 9,393.96 | \$126.73 |
| 201308                 | 21,257    | 38,112  | \$4,070,007  | 28,958  | 1.00              | \$4,070,007  | 28,958  |                 |              |           |                  |              |           | \$99.92  | 9,367.18 | \$128.01 |
| 201309                 | 21,087    | 37,745  | \$4,019,341  | 28,053  | 1.00              | \$4,019,341  | 28,053  |                 |              |           |                  |              |           | \$101.32 | 9,382.64 | \$129.59 |
| 201310                 | 21,121    | 37,766  | \$4,345,637  | 29,791  | 1.00              | \$4,345,637  | 29,791  |                 |              |           |                  |              |           | \$102.91 | 9,393.68 | \$131.47 |
| 201311                 | 21,168    | 37,942  | \$4,013,857  | 27,891  | 1.00              | \$4,013,857  | 27,891  |                 |              |           |                  |              |           | \$104.01 | 9,350.28 | \$133.48 |
| 201312                 | 21,264    | 38,208  | \$4,502,945  | 30,468  | 1.00              | \$4,502,945  | 30,468  |                 |              |           |                  |              |           | \$105.52 | 9,348.39 | \$135.45 |
| 201401                 | 24,850    | 44,008  | \$4,025,263  | 32,221  | 1.00              | \$4,025,263  | 32,221  | \$104.11        | 9,228.96     | \$135.37  |                  |              |           |          |          |          |
| 201402                 | 25,039    | 44,351  | \$3,903,551  | 30,815  | 1.00              | \$3,903,551  | 30,815  | \$103.69        | 9,169.60     | \$135.70  |                  |              |           |          |          |          |
| 201403                 | 24,893    | 44,058  | \$4,496,683  | 34,293  | 1.00              | \$4,496,683  | 34,293  | \$103.61        | 9,160.60     | \$135.72  |                  |              |           | 7.1%     | -2.3%    | 9.6%     |
| 201404                 | 24,744    | 43,879  | \$4,613,240  | 34,833  | 1.00              | \$4,613,240  | 34,833  | \$103.84        | 9,162.45     | \$135.99  |                  |              |           | 6.8%     | -2.4%    | 9.4%     |
| 201405                 | 24,773    | 43,903  | \$4,784,640  | 35,090  | 1.00              | \$4,784,640  | 35,090  | \$104.33        | 9,159.93     | \$136.67  |                  |              |           | 7.3%     | -2.4%    | 9.9%     |
| 201406                 | 24,685    | 43,842  | \$4,885,239  | 33,858  | 1.00              | \$4,885,239  | 33,858  | \$105.37        | 9,181.62     | \$137.71  |                  |              |           | 7.5%     | -2.1%    | 9.8%     |
| 201407                 | 24,295    | 43,134  | \$5,056,303  | 34,182  | 1.00              | \$5,056,303  | 34,182  | \$106.08        | 9,186.95     | \$138.56  |                  |              |           | 6.9%     | -2.2%    | 9.3%     |
| 201408                 | 24,024    | 42,778  | \$4,529,728  | 32,674  | 1.00              | \$4,529,728  | 32,674  | \$106.01        | 9,190.39     | \$138.42  |                  |              |           | 6.1%     | -1.9%    | 8.1%     |
| 201409                 | 23,656    | 42,159  | \$4,497,494  | 33,052  | 1.00              | \$4,497,494  | 33,052  | \$106.03        | 9,228.77     | \$137.87  |                  |              |           | 4.6%     | -1.6%    | 6.4%     |
| 201410                 | 23,242    | 41,463  | \$4,904,744  | 33,900  | 1.00              | \$4,904,744  | 33,900  | \$106.36        | 9,258.57     | \$137.85  |                  |              |           | 3.3%     | -1.4%    | 4.9%     |
| 201411                 | 22,955    | 40,889  | \$4,372,445  | 31,402  | 1.00              | \$4,372,445  | 31,402  | \$106.45        | 9,287.53     | \$137.54  |                  |              |           | 2.3%     | -0.7%    | 3.0%     |
| 201412                 | 21,579    | 38,192  | \$4,588,768  | 33,447  | 1.00              | \$4,588,768  | 33,447  | \$106.62        | 9,357.55     | \$136.72  |                  |              |           | 1.0%     | 0.1%     | 0.9%     |
|                        |           |         |              |         |                   |              |         |                 |              |           |                  |              |           |          |          |          |
| Experience Period      | 288,735   | 512,656 | \$54,658,099 | 399,767 | 1.00              | \$54,658,099 | 399,767 |                 |              |           |                  |              |           |          |          |          |
| 201403                 | 24,893    | 44,058  |              |         |                   |              |         |                 |              |           | 7.1%             | -2.3%        | 9.6%      |          |          |          |
| 201409                 | 23,656    | 42,159  |              |         |                   |              |         |                 |              |           | 4.6%             | -1.6%        | 6.4%      |          |          |          |
| 201412                 | 21,579    | 38,192  |              |         |                   |              |         |                 |              |           | 1.0%             | 0.1%         | 0.9%      |          |          |          |
| Avg last 6 months      | 23,292    | 41,436  |              |         |                   |              |         |                 |              |           | 4.1%             | -1.3%        | 5.4%      |          |          |          |
| Selected Pricing Trend |           |         |              |         |                   |              |         |                 |              |           |                  | 0.0%         | 13.0%     |          |          |          |



CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
**D.C. GHMSI Non-Grandfathered Small Group & Individual Base Experience - Medical and Rx Total**  
Experience Period: Incurred 201401 - 201412, Paid through 201502

|        |           |         |              |                   | Completed    | Rolling 12 PMPM | Rolling 12 Trend |
|--------|-----------|---------|--------------|-------------------|--------------|-----------------|------------------|
| Month  | Contracts | Members | Allowed      | Completion Factor | Allowed      | Allowed         | Allowed          |
| 201204 | 21,223    | 37,910  | \$14,213,684 | 1.00              | \$14,213,684 |                 |                  |
| 201205 | 21,164    | 37,866  | \$15,269,130 | 1.00              | \$15,269,130 |                 |                  |
| 201206 | 21,448    | 38,442  | \$14,105,338 | 1.00              | \$14,105,338 |                 |                  |
| 201207 | 21,448    | 38,550  | \$14,880,547 | 1.00              | \$14,880,547 |                 |                  |
| 201208 | 21,531    | 38,819  | \$15,107,325 | 1.00              | \$15,107,325 |                 |                  |
| 201209 | 21,608    | 38,950  | \$14,182,981 | 1.00              | \$14,182,981 |                 |                  |
| 201210 | 21,734    | 39,163  | \$15,446,460 | 1.00              | \$15,446,460 |                 |                  |
| 201211 | 21,713    | 39,147  | \$14,878,508 | 1.00              | \$14,878,508 |                 |                  |
| 201212 | 21,646    | 39,205  | \$14,053,602 | 1.00              | \$14,053,602 |                 |                  |
| 201301 | 21,402    | 38,693  | \$16,351,109 | 1.00              | \$16,351,109 |                 |                  |
| 201302 | 21,266    | 38,330  | \$14,575,909 | 1.00              | \$14,575,909 |                 |                  |
| 201303 | 21,204    | 38,141  | \$14,957,511 | 1.00              | \$14,959,495 | \$384.32        |                  |
| 201304 | 21,200    | 38,093  | \$16,046,442 | 1.00              | \$16,049,415 | \$388.13        |                  |
| 201305 | 21,198    | 37,974  | \$15,501,417 | 1.00              | \$15,505,132 | \$388.55        |                  |
| 201306 | 21,064    | 37,765  | \$14,938,026 | 1.00              | \$14,942,308 | \$390.93        |                  |
| 201307 | 21,058    | 37,791  | \$16,072,030 | 1.00              | \$16,077,343 | \$394.16        |                  |
| 201308 | 21,257    | 38,112  | \$15,843,888 | 1.00              | \$15,849,589 | \$396.37        |                  |
| 201309 | 21,087    | 37,745  | \$17,275,305 | 1.00              | \$17,281,905 | \$404.14        |                  |
| 201310 | 21,121    | 37,766  | \$17,308,010 | 1.00              | \$17,317,786 | \$409.45        |                  |
| 201311 | 21,168    | 37,942  | \$15,880,344 | 1.00              | \$15,890,445 | \$412.74        |                  |
| 201312 | 21,264    | 38,208  | \$16,557,997 | 1.00              | \$16,568,756 | \$419.15        |                  |
| 201401 | 24,850    | 44,008  | \$20,687,725 | 1.00              | \$20,702,969 | \$423.75        |                  |
| 201402 | 25,039    | 44,351  | \$17,257,450 | 1.00              | \$17,273,507 | \$424.07        |                  |
| 201403 | 24,893    | 44,058  | \$19,021,109 | 1.00              | \$19,042,554 | \$427.39        | 11.2%            |
| 201404 | 24,744    | 43,879  | \$19,262,646 | 1.00              | \$19,299,394 | \$429.01        | 10.5%            |
| 201405 | 24,773    | 43,903  | \$18,374,902 | 1.00              | \$18,429,829 | \$429.79        | 10.6%            |
| 201406 | 24,685    | 43,842  | \$19,476,897 | 1.00              | \$19,565,858 | \$433.88        | 11.0%            |
| 201407 | 24,295    | 43,134  | \$19,381,843 | 0.99              | \$19,498,503 | \$436.10        | 10.6%            |
| 201408 | 24,024    | 42,778  | \$19,771,208 | 0.99              | \$19,926,323 | \$440.17        | 11.1%            |
| 201409 | 23,656    | 42,159  | \$17,775,156 | 0.99              | \$17,955,896 | \$437.67        | 8.3%             |
| 201410 | 23,242    | 41,463  | \$21,087,093 | 0.99              | \$21,401,905 | \$442.51        | 8.1%             |
| 201411 | 22,955    | 40,889  | \$16,999,337 | 0.98              | \$17,371,369 | \$442.85        | 7.3%             |
| 201412 | 21,579    | 38,192  | \$17,259,050 | 0.94              | \$18,444,757 | \$446.52        | 6.5%             |

|                   |         |         |               |      |               |  |       |
|-------------------|---------|---------|---------------|------|---------------|--|-------|
| Experience Period | 288,735 | 512,656 | \$226,354,414 | 0.99 | \$228,912,864 |  |       |
| 201403            | 24,893  | 44,058  |               |      |               |  | 11.2% |
| 201409            | 23,656  | 42,159  |               |      |               |  | 8.3%  |
| 201412            | 21,579  | 38,192  |               |      |               |  | 6.5%  |
| Avg last 6 months | 23,292  | 41,436  |               |      |               |  | 8.6%  |

CareFirst BlueCross BlueShield (GHMSI)  
D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016  
**Combined SRP MORBIDITY - DC**

|    | 1                           | 2                        | 3                     | 4            | 5                                    | 6    | 7                    | 8                     | 9                                    | 10   | 11                   | 12                    | 15              | 16   | 17                    | 18              | 19                   | 20                    | 21        | 22   | 23              | 24                    |
|----|-----------------------------|--------------------------|-----------------------|--------------|--------------------------------------|------|----------------------|-----------------------|--------------------------------------|------|----------------------|-----------------------|-----------------|------|-----------------------|-----------------|----------------------|-----------------------|-----------|------|-----------------|-----------------------|
|    |                             |                          |                       |              | 2013 Single Risk Pool for 2015 Rates |      |                      |                       | 2014 Single Risk Pool for 2016 Rates |      |                      |                       |                 |      |                       |                 | 2016 FILING          |                       |           |      |                 |                       |
|    |                             |                          |                       |              | 2015 Ave.                            | %    | 2013 ALW Claims PMPM | Ratio to CF IND64-ACA | 2014 Ave.                            | %    | 2014 ALW Claims PMPM | Ratio to CF IND64-ACA | 2/28/15 Members | %    | LifeID Data Available | "Line of Sight" | 2014 ALW Claims PMPM | Ratio to CF IND64-ACA | 2016 Ave. | %    | ALW Claims PMPM | Ratio to CF IND64-ACA |
|    | CFI                         |                          |                       |              | Members                              | %    | \$                   |                       | Members                              | %    | \$                   |                       | Members         | %    |                       |                 |                      |                       | Members   | %    |                 |                       |
| 1  | CF                          | IND64-ACA/Metaled        | UW, HIPAA, GC, QTC    |              | 7,400                                | 8%   | \$ 289               | 0.78                  | 2,216                                | 3%   | \$434                | 1.173                 | 3,015           | 4%   | 2,367                 | 78%             | \$469                | 1.267                 | 2,412     | 3%   | \$469           | 1.267                 |
| 2  | CF                          | IND64-PPACA/Non-Metaled  |                       |              |                                      |      |                      |                       | 2,329                                | 4%   | \$340                | 0.920                 | 0               |      |                       |                 |                      | 0.000                 | 0         |      |                 | 0.000                 |
| 3  |                             | Small Group SRP Subtotal |                       |              | 65,300                               | 69%  | \$379                | 1.02                  | 77,464                               | 90%  | \$397                | 1.073                 | 68,624          | 87%  |                       |                 | \$401                | 1.085                 | 61,762    | 78%  | \$401           | 1.085                 |
| 4  |                             |                          |                       |              | 72,700                               | 77%  | \$370                | 1.00                  | 82,920                               | 96%  | \$396                | 1.070                 | 71,639          | 90%  |                       |                 | \$404                | 1.093                 | 64,174    | 81%  | \$404           | 1.093                 |
| 5  |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 6  | CF                          | IND64-PPACA/Non-Metaled  | GF UW, HIPAA, GC, QTC |              | 1,100                                | 1%   | \$644                | 1.74                  |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 7  |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 10 | CF                          | SG                       |                       |              | 500                                  | 1%   | \$398                | 1.08                  | 437                                  | 1%   | \$540                | 1.461                 | 681             | 1%   | 521                   | 77%             | \$534                | 1.444                 | 715       | 1%   | \$534           | 1.444                 |
| 11 | CF                          | LG                       |                       |              | 2,000                                | 2%   | \$431                | 1.17                  | 158                                  | 0%   | \$551                | 1.490                 | 255             | 0%   | 178                   | 70%             | \$541                | 1.462                 | 268       | 0%   | \$541           | 1.462                 |
| 12 |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 13 | OTHER                       |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 14 | Competitors                 | IND64-                   |                       |              | 4,600                                | 5%   | \$370                | 1.00                  |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 15 | 51-100 FTE                  |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 16 | Congress                    |                          |                       |              | 10,100                               | 11%  | \$324                | 0.88                  |                                      |      |                      |                       |                 |      |                       |                 |                      |                       | 8,624     | 11%  | \$494           | 1.336                 |
| 17 |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 18 | Uninsured                   | FPL 100% - 138%          | \$11,670              | New Entrants | 0                                    | 0%   |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 19 | Uninsured                   | FPL 138% - 200%          | \$16,105              | New Entrants | 0                                    | 0%   |                      |                       | 2,841                                | 3%   | \$441                | 1.192                 | 6,608           | 8%   | 2,398                 | 36%             | \$447                | 1.210                 | 8,203     | 10%  | \$447           | 1.210                 |
| 20 | Uninsured                   | FPL 201%+                | \$23,340              | New Entrants | 3,000                                | 3%   | \$363                | 0.98                  |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 21 |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 22 | Other                       |                          |                       |              | 0                                    | 0%   |                      |                       | 0                                    | 0%   |                      |                       |                 | 0%   |                       |                 |                      | 0.00                  |           | 0%   |                 | 0.00                  |
| 23 | TOTAL:                      |                          |                       |              | 94,000                               | 100% | \$369                | 1.00                  | 86,356                               | 100% | \$398                | 1.08                  | 79,200          | 100% | 5,464                 | 52%             | \$409                | 1.11                  | 82,000    | 103% | \$420           | 1.135                 |
| 24 | Δ 2016 Rating Factor Impact |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 | 1.054                 |
| 25 | Δ 2016 Premium Impact       |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 | 1.136                 |
| 26 |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 27 | BC                          |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 28 | CF                          | IND64-ACA/Metaled        | UW, HIPAA, GC, QTC    |              | 3,500                                | 8%   | \$ 375               | 1.17                  | 1,488                                | 3%   | \$392                | 1.229                 | 2,077           | 5%   | 1,581                 | 76%             | \$449                | 1.406                 | 1,662     | 4%   | \$449           | 1.406                 |
| 29 | CF                          | IND64-PPACA/Non-Metaled  |                       |              |                                      |      |                      |                       | 1,585                                | 4%   | \$404                | 1.267                 |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 30 |                             | Small Group SRP Subtotal |                       |              | 31,600                               | 69%  | \$313                | 0.98                  | 38,003                               | 87%  | \$314                | 0.983                 | 32,674          | 81%  |                       |                 | \$316                | 0.991                 | 29,407    | 70%  | \$316           | 0.991                 |
| 31 |                             |                          |                       |              | 35,100                               | 76%  | \$319                | 1.00                  | 41,076                               | 94%  | \$320                | 1.003                 | 34,751          | 86%  |                       |                 | \$324                | 1.016                 | 31,069    | 74%  | \$324           | 1.016                 |
| 32 |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 33 | CF                          | IND64-PPACA/Non-Metaled  | GF UW, HIPAA, GC, QTC |              | 100                                  | 0%   | \$556                | 1.74                  |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 34 |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 37 | CF                          | SG                       |                       |              | 200                                  | 0%   | \$343                | 1.08                  | 338                                  | 1%   | \$400                | 1.254                 | 508             | 1%   | 377                   | 74%             | \$432                | 1.354                 | 533       | 1%   | \$432           | 1.354                 |
| 38 | CF                          | LG                       |                       |              | 1,500                                | 3%   | \$372                | 1.17                  | 113                                  | 0%   | \$337                | 1.057                 | 182             | 0%   | 121                   | 67%             | \$321                | 1.005                 | 191       | 0%   | \$321           | 1.005                 |
| 39 |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 40 | OTHER                       |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 41 | Competitors                 | IND64-                   |                       |              | 3,500                                | 8%   | \$319                | 1.00                  |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 42 | 51-100 FTE                  |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 43 | Congress                    |                          |                       |              | 3,400                                | 7%   | \$280                | 0.88                  |                                      |      |                      |                       |                 |      |                       |                 |                      |                       | 4,696     | 11%  | \$428           | 1.342                 |
| 44 |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 45 | Uninsured                   | FPL 100% - 138%          | \$11,670              | New Entrants | 0                                    | 0%   |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 46 | Uninsured                   | FPL 138% - 200%          | \$16,105              | New Entrants | 0                                    | 0%   |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 47 | Uninsured                   | FPL 201%+                | \$23,340              | New Entrants | 2,200                                | 5%   | \$313                | 0.98                  | 2,105                                | 5%   | \$366                | 1.147                 | 5,013           | 12%  | 1,757                 | 35%             | \$382                | 1.196                 | 5,500     | 13%  | \$382           | 1.196                 |
| 48 |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 49 | Other                       |                          |                       |              | 0                                    | 0%   |                      |                       | 0                                    | 0%   |                      |                       |                 | 0%   |                       |                 |                      | 0.00                  |           | 0%   |                 | 0.00                  |
| 50 | TOTAL:                      |                          |                       |              | 46,000                               | 100% | \$318                | 1.00                  | 43,641                               | 100% | \$323                | 1.01                  | 40,466          | 100% | 3,836                 | 49%             | \$333                | 1.04                  | 42,000    | 100% | \$345           | 1.080                 |
| 51 | Δ 2016 Rating Factor Impact |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 | 1.068                 |
| 52 | Δ 2016 Premium Impact       |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 | 1.083                 |
| 53 | GHMSI                       |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 54 |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 55 | CF                          | IND64-ACA/Metaled        | UW, HIPAA, GC, QTC    |              | 3,900                                | 8%   | \$ 219               | 0.52                  | 728                                  | 2%   | \$519                | 1.239                 | 938             | 2%   | 786                   | 84%             | \$513                | 1.224                 | 750       | 2%   | \$513           | 1.224                 |
| 56 | CF                          | IND64-PPACA/Non-Metaled  |                       |              |                                      |      |                      |                       | 1,654                                | 4%   | \$279                | 0.665                 |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 57 |                             | Small Group SRP Subtotal |                       |              | 33,600                               | 70%  | \$442                | 1.06                  | 39,461                               | 92%  | \$477                | 1.139                 | 35,950          | 93%  |                       |                 | \$478                | 1.142                 | 32,355    | 81%  | \$478           | 1.142                 |
| 58 |                             |                          |                       |              | 37,500                               | 78%  | \$419                | 1.00                  | 41,843                               | 98%  | \$470                | 1.122                 | 36,888          | 95%  |                       |                 | \$479                | 1.144                 | 33,105    | 83%  | \$479           | 1.144                 |
| 59 |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 60 | CF                          | IND64-PPACA/Non-Metaled  | GF UW, HIPAA, GC, QTC |              | 1,000                                | 2%   | \$729                | 1.74                  |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 61 |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 64 | CF                          | SG                       |                       |              | 300                                  | 1%   | \$451                | 1.08                  | 98                                   | 0%   | \$1,023              | 2.442                 | 173             | 0%   | 144                   | 83%             | \$833                | 1.989                 | 182       | 0%   | \$833           | 1.989                 |
| 65 | CF                          | LG                       |                       |              | 500                                  | 1%   | \$488                | 1.17                  | 45                                   | 0%   | \$1,085              | 2.590                 | 73              | 0%   | 57                    | 78%             | \$1,089              | 2.600                 | 77        | 0%   | \$1,089         | 2.600                 |
| 66 |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 67 | OTHER                       |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 68 | Competitors                 | IND64-                   |                       |              | 1,200                                | 3%   | \$419                | 1.00                  |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 69 | 51-100 FTE                  |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 70 | Congress                    |                          |                       |              | 6,700                                | 14%  | \$367                | 0.88                  |                                      |      |                      |                       |                 |      |                       |                 |                      |                       | 3,928     | 10%  | \$573           | 1.368                 |
| 71 |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 72 | Uninsured                   | FPL 100% - 138%          | \$11,670              | New Entrants | 0                                    | 0%   |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 73 | Uninsured                   | FPL 138% - 200%          | \$16,105              | New Entrants | 0                                    | 0%   |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 74 | Uninsured                   | FPL 201%+                | \$23,340              | New Entrants | 800                                  | 2%   | \$411                | 0.98                  | 737                                  | 2%   | \$655                | 1.564                 | 1,595           | 4%   | 642                   | 40%             | \$654                | 1.561                 | 2,704     | 7%   | \$654           | 1.561                 |
| 75 |                             |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 |                       |
| 76 | Other                       |                          |                       |              | 0                                    | 0%   |                      |                       | 0                                    | 0%   |                      |                       |                 | 0%   |                       |                 |                      | 0.00                  |           | 0%   |                 | 0.00                  |
| 77 | TOTAL:                      |                          |                       |              | 48,000                               | 100% | \$419                | 1.00                  | 42,726                               | 100% | \$475                | 1.13                  | 38,734          | 100% | 1,629                 | 59%             | \$489                | 1.17                  | 40,000    | 100% | \$503           | 1.201                 |
| 78 | Δ 2016 Rating Factor Impact |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 | 1.059                 |
| 79 | Δ 2016 Premium Impact       |                          |                       |              |                                      |      |                      |                       |                                      |      |                      |                       |                 |      |                       |                 |                      |                       |           |      |                 | 1.201                 |

**CareFirst BlueCross BlueShield (BlueChoice)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**  
**BluePreferred Projected Morbidity**

| 2016 Change in Morbidity Projection |                    |  |             |                    |                         |                      |
|-------------------------------------|--------------------|--|-------------|--------------------|-------------------------|----------------------|
|                                     |                    |  | 2014 Actual |                    | 2016 Projected          |                      |
|                                     |                    |  | Risk Score  | Average<br>Members | Projected<br>Risk Score | Projected<br>Members |
| IND64-                              | ACA/Metaled        |  | 1.24        | 728                | 1.22                    | 750                  |
| IND64-                              | PPACA/Non-Metaled  |  | 0.67        | 1,654              | 0.00                    | 0                    |
| Small Group                         | PPACA/ACA/Congress |  | 1.14        | 39,461             | 1.14                    | 32,355               |
| Small Group                         |                    |  | 2.44        | 98                 | 1.99                    | 182                  |
| Large Group                         |                    |  | 2.59        | 45                 | 2.60                    | 77                   |
| Other                               | 51-100 FTE         |  |             |                    | 1.37                    | 3,928                |
| Congress                            |                    |  |             |                    |                         |                      |
| FPL 201%+                           | Uninsured          |  | 1.56        | 737                | 1.56                    | 2,704                |
| <b>Grand Total Single Risk Pool</b> |                    |  | <b>1.13</b> | <b>42,726</b>      | <b>1.20</b>             | <b>40,000</b>        |
|                                     |                    |  |             |                    |                         | <b>5.9%</b>          |

**CareFirst BlueCross BlueShield (GHMSI)**  
**D.C. Small Group Products - On Exchange Rate Filing Effective 1/1/2016**

**DC ACA Combined - Small Group & Individual Capitations**

| <u>GHMSI</u> | <u>Description</u>           | <u>1/1/14 PMPM</u> | <u>1/1/15 PMPM</u> | <u>1/1/16 PMPM</u> |
|--------------|------------------------------|--------------------|--------------------|--------------------|
|              | Mental Health UR             | \$0.62             | \$0.45             | \$0.37             |
|              | Nurse Hotline                | \$0.04             | \$0.04             | \$0.04             |
|              | Wellness *                   | \$0.21             | \$0.21             | \$0.21             |
|              | Embedded Pediatric Vision ** | \$0.27             | \$0.27             | \$0.27             |
|              | Embedded Adult Vision ***    | \$0.10             | \$0.10             | \$0.10             |
|              |                              | \$1.24             | \$1.08             | \$0.99             |

\* The total capitation for Wellness is \$0.26, but only applies to members age 18+.

\*\* Only applies to members age 19 and under.

\*\*\* Ind64- only and only applies to members over the age of 19.

## Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

---

Name of Company

SERFF tracking number

Submission Date

Product Name

|             |            |             |
|-------------|------------|-------------|
| Market Type | Individual | Small Group |
|-------------|------------|-------------|

|                  |               |            |
|------------------|---------------|------------|
| Rate Filing Type | Rate Increase | New Filing |
|------------------|---------------|------------|

### Scope and Range of the Increase:

The        % increase is requested because:

This filing will impact:

# of policyholder's

# of covered lives

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved        %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved        %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved        %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

### Financial Experience of Product

The overall financial experience of the product includes:

The rate increase will affect the projected financial experience of the product by:

### Components of Increase

The request is made up of the following components:

*Trend Increases* –            % of the            % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is            % of the            % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is            % of the            % total filed increase.

*Other Increases* –            % of the            % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is            % of the            % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is            % of the            % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is            % of the            % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is            % of the            % total filed increase.

5. Other – Defined as:

This component is            % of the            % total filed increase.



Product-Plan Data Collection

Company Legal Name:  
HIOS Issuer ID:  
Effective Date of Rate Change(s):

Group Hospitalization & Medical Services, Inc.  
78079  
1/1/2016

State: DC  
Market: Small Group

Product/Plan Level Calculations

| Section I: General Product and Plan Information |  |                     |                                |                   |                   |                 |                   |                   |                 |                   |                   |                 |                   |                   |                 |                   |
|---|--|---------------------|--------------------------------|-------------------|-------------------|-----------------|-------------------|-------------------|-----------------|-------------------|-------------------|-----------------|-------------------|-------------------|-----------------|-------------------|
| Product   |  | Terminated Products | BluePreferred Multi-State Plan |                   | BluePreferred PPO |                 |                   |                   |                 |                   |                   |                 |                   |                   |                 |                   |
| Product ID:                                     |  | 78079DC008          | 78079DC017                     |                   | 78079DC022        |                 |                   |                   |                 |                   |                   |                 |                   |                   |                 |                   |
| Metal:  |  | Catastrophic        | Gold                           | Silver            | Platinum          | Platinum        | Platinum          | Gold              | Platinum        | Gold              | Silver            | Gold            | Gold              | Silver            | Silver          | Silver            |
| AV Metal Value                                  |  | 0.00%               | 81.60%                         | 71.99%            | 91.09%            | 88.90%          | 88.43%            | 81.50%            | 88.04%          | 79.07%            | 71.45%            | 81.78%          | 78.01%            | 71.57%            | 71.91%          | 69.59%            |
| AV Pricing Value                                |  | 0.00%               | 112.34%                        | 91.26%            | 140.40%           | 139.16%         | 134.71%           | 115.00%           | 134.99%         | 112.04%           | 95.41%            | 113.03%         | 111.51%           | 91.50%            | 92.37%          | 88.96%            |
| Plan Type:                                      |  | PPO                 | PPO                            | PPO               | PPO               | PPO             | PPO               | PPO               | PPO             | PPO               | PPO               | PPO             | PPO               | PPO               | PPO             | PPO               |
| Plan Name                                       |  | Terminated Products | Preferred 1000, a              | Preferred 2000, a | BluePreferred PPO | HealthyBlue PPO | BluePreferred PPO | BluePreferred PPO | HealthyBlue PPO | BluePreferred PPO | BluePreferred PPO | HealthyBlue PPO | BluePreferred PPO | BluePreferred PPO | HealthyBlue PPO | BluePreferred PPO |
| Plan ID (Standard Component ID):                |  | 78079DC0080001      | 78079DC0170001                 | 78079DC0170002    | 78079DC0220024    | 78079DC0220030  | 78079DC0220025    | 78079DC0220021    | 78079DC0220029  | 78079DC0220020    | 78079DC0220026    | 78079DC0220027  | 78079DC0220031    | 78079DC0220022    | 78079DC0220028  | 78079DC0220023    |
| Exchange Plan?                                  |  | No                  | Yes                            | Yes               | Yes               | Yes             | Yes               | Yes               | Yes             | Yes               | Yes               | Yes             | Yes               | Yes               | Yes             | Yes               |
| Historical Rate Increase - Calendar Year - 2    |  | 0.00%               | 0.00%                          | 0.00%             | 0.00%             | 0.00%           | 0.00%             | 0.00%             | 0.00%           | 0.00%             | 0.00%             | 0.00%           | 0.00%             | 0.00%             | 0.00%           | 0.00%             |
| Historical Rate Increase - Calendar Year - 1    |  | 0.00%               | 0.00%                          | 0.00%             | 0.00%             | 0.00%           | 0.00%             | 0.00%             | 0.00%           | 0.00%             | 0.00%             | 0.00%           | 0.00%             | 0.00%             | 0.00%           | 0.00%             |
| Historical Rate Increase - Calendar Year 0      |  | 0.00%               | 7.37%                          | 7.37%             | 10.69%            | 10.69%          | 10.69%            | 10.69%            | 10.69%          | 10.69%            | 10.69%            | 10.69%          | 10.69%            | 10.69%            | 10.69%          | 10.69%            |
| Effective Date of Proposed Rates                |  | 1/1/2016            | 1/1/2016                       | 1/1/2016          | 1/1/2016          | 1/1/2016        | 1/1/2016          | 1/1/2016          | 1/1/2016        | 1/1/2016          | 1/1/2016          | 1/1/2016        | 1/1/2016          | 1/1/2016          | 1/1/2016        | 1/1/2016          |
| Rate Change % (over prior filing)               |  | 0.00%               | 15.25%                         | 17.08%            | 10.06%            | 13.57%          | 13.76%            | 11.24%            | 13.14%          | 11.10%            | 33.27%            | 9.90%           | 15.57%            | -2.17%            | 13.34%          | 9.84%             |
| Cumulative Rate Change % (over 12 mos prior)    |  | 0.00%               | 20.08%                         | 21.96%            | 14.68%            | 18.34%          | 18.54%            | 15.90%            | 17.89%          | 15.76%            | 38.87%            | 14.51%          | 20.42%            | 1.91%             | 18.06%          | 14.42%            |
| Pro'd Per Rate Change % (over Exper. Period)    |  | #DIV/0!             | 26.99%                         | 29.11%            | 22.39%            | 27.17%          | 26.15%            | #DIV/0!           | 26.02%          | 26.77%            | 50.36%            | 28.33%          | 30.78%            | 8.85%             | 30.32%          | 24.99%            |
| Product Threshold Rate Increase %               |  | #DIV/0!             | 20.44%                         |                   |                   |                 |                   |                   |                 |                   | 15.30%            |                 |                   |                   |                 |                   |

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

|                                  |         |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |
|----------------------------------|---------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Plan ID (Standard Component ID): | Total   | 78079DC0080001 | 78079DC0170001 | 78079DC0170002 | 78079DC0220024 | 78079DC0220030 | 78079DC0220025 | 78079DC0220021 | 78079DC0220029 | 78079DC0220020 | 78079DC0220026 | 78079DC0220027 | 78079DC0220031 | 78079DC0220022 | 78079DC0220028 | 78079DC0220023 |
| Inpatient                        | \$5.27  | \$0.00         | \$15.03        | \$12.91        | \$15.56        | \$17.62        | \$17.17        | \$13.37        | \$16.83        | \$12.95        | \$19.06        | \$12.44        | \$15.07        | \$4.30         | \$11.60        | \$9.77         |
| Outpatient                       | \$1.67  | \$0.00         | \$7.23         | \$6.82         | \$4.65         | \$7.59         | \$7.50         | \$4.65         | \$7.02         | \$4.43         | \$14.68        | \$3.63         | \$7.38         | \$4.90         | \$4.91         | \$2.82         |
| Professional                     | \$2.78  | \$0.00         | \$11.52        | \$10.78        | \$7.78         | \$12.21        | \$12.05        | \$7.64         | \$11.32        | \$7.30         | \$22.68        | \$6.09         | \$11.75        | \$6.90         | \$7.92         | \$4.74         |
| Prescription Drug                | \$5.35  | \$0.00         | \$16.16        | \$14.10        | \$15.67        | \$18.61        | \$18.17        | \$13.71        | \$17.70        | \$13.26        | \$22.53        | \$12.50        | \$16.25        | \$2.04         | \$12.23        | \$9.80         |
| Other                            | -\$1.46 | \$0.00         | -\$2.36        | -\$1.58        | -\$4.51        | -\$3.41        | -\$3.25        | -\$3.40        | -\$3.43        | -\$3.34        | \$1.04         | -\$2.27        | -\$5.77        | -\$2.31        | -\$2.90        | -\$2.90        |
| Capitation                       | -\$0.11 | \$0.00         | -\$0.22        | -\$0.17        | -\$0.34        | -\$0.30        | -\$0.28        | -\$0.26        | -\$0.29        | -\$0.26        | -\$0.08        | -\$0.27        | -\$0.22        | -\$0.32        | -\$0.20        | -\$0.21        |
| Administration                   | \$0.45  | \$0.00         | \$2.73         | \$1.17         | \$2.68         | \$1.39         | \$2.43         | \$1.39         | \$2.43         | \$1.30         | \$6.68         | \$0.89         | \$2.81         | -\$3.29        | \$1.72         | \$0.68         |
| Taxes & Fees                     | \$2.19  | \$0.00         | \$8.17         | \$7.49         | \$6.24         | \$8.88         | \$8.74         | \$5.87         | \$8.30         | \$5.64         | \$14.67        | \$4.92         | \$8.29         | -\$3.11        | \$5.78         | \$3.84         |
| Risk & Profit Charge             | \$4.63  | \$0.00         | \$11.36        | \$9.30         | \$13.87        | \$13.97        | \$13.53        | \$11.42        | \$13.52        | \$11.12        | \$10.27        | \$11.16        | \$11.29        | \$8.46         | \$9.26         | \$8.78         |
| Total Rate Increase              | \$20.77 | \$0.00         | \$69.60        | \$62.35        | \$60.09        | \$77.86        | \$76.31        | \$54.39        | \$73.40        | \$52.40        | \$111.54       | \$47.69        | \$70.36        | -\$9.49        | \$50.92        | \$37.32        |
| Member Cost Share Increase       | \$8.47  | \$0.00         | \$4.53         | \$9.01         | \$23.45        | \$9.02         | \$10.70        | \$18.79        | \$13.06        | \$20.70        | \$10.74        | \$24.46        | \$6.06         | \$45.96        | \$20.07        | \$32.24        |

|                           |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Average Current Rate PMPM | \$523.73 | \$473.14 | \$456.47 | \$365.14 | \$597.37 | \$573.79 | \$554.50 | \$484.13 | \$558.70 | \$472.25 | \$335.23 | \$481.61 | \$451.85 | \$438.08 | \$381.74 | \$379.35 |
| Projected Member Months   | 468,672  | 0        | 4,080    | 1,200    | 174,216  | 4,368    | 79,236   | 4,416    | 2,448    | 66,012   | 3,768    | 28,404   | 38,400   | 35,628   | 4,968    | 21,528   |

Section III: Experience Period Information

|   |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Plan ID (Standard Component ID):  | Total          | 78079DC0080001 | 78079DC0170001 | 78079DC0170002 | 78079DC0220024 | 78079DC0220030 | 78079DC0220025 | 78079DC0220021 | 78079DC0220029 | 78079DC0220020 | 78079DC0220026 | 78079DC0220027 | 78079DC0220031 | 78079DC0220022 | 78079DC0220028 | 78079DC0220023 |
| Plan Adjusted Index Rate  | \$186.88       | \$0.00         | \$440.59       | \$352.02       | \$571.29       | \$544.99       | \$531.84       | \$0.00         | \$533.46       | \$440.16       | \$316.03       | \$438.65       | \$424.67       | \$418.64       | \$353.01       | \$354.47       |
| Member Months   | 473,537        | 287,117        | 3,910          | 34             | 44,822         | 1,059          | 18,601         | 0              | 585            | 56,357         | 456            | 22,699         | 15,312         | 14,939         | 1,277          | 6,369          |
| Total Premium (TP)  | \$88,495,102   | \$0            | \$1,722,716    | \$11,969       | \$25,606,293   | \$577,139      | \$9,892,798    | \$0            | \$312,075      | \$24,806,078   | \$144,108      | \$9,956,905    | \$6,502,622    | \$6,253,990    | \$450,791      | \$2,257,618    |
| EHB Percent of TP, [see instructions]   | 99.43%         | 99.42%         | 100.00%        | 100.00%        | 99.42%         | 99.42%         | 99.42%         | 99.42%         | 99.42%         | 99.42%         | 99.42%         | 99.42%         | 99.42%         | 99.42%         | 99.42%         | 99.42%         |
| state mandated benefits portion of TP that are other than EHB                   | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          |
| Other benefits portion of TP  | 0.57%          | 0.58%          | 0.00%          | 0.00%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          |
| Total Allowed Claims (TAC)  | \$213,660,214  | \$127,893,031  | \$1,873,434    | \$6,413        | \$21,656,512   | \$392,864      | \$8,951,569    | \$0            | \$108,201      | \$28,338,733   | \$312,305      | \$7,647,925    | \$6,879,404    | \$6,841,146    | \$316,212      | \$2,442,462    |
| EHB Percent of TAC, [see instructions]  | 99.42%         | 99.42%         | 100.00%        | 100.00%        | 99.42%         | 99.42%         | 99.42%         | 99.42%         | 99.42%         | 99.42%         | 99.42%         | 99.42%         | 99.42%         | 99.42%         | 99.42%         | 99.42%         |
| state mandated benefits portion of TAC that are other than EHB                  | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          |
| Other benefits portion of TAC   | 0.58%          | 0.58%          | 0.00%          | 0.00%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          | 0.58%          |
| Allowed Claims which are not the issuer's obligation:                           | \$30,318,490   | \$11,600,161   | \$476,867      | \$5,741        | \$2,091,692    | \$58,657       | \$1,267,840    | \$0            | \$15,969       | \$7,052,381    | \$137,106      | \$2,111,444    | \$2,145,964    | \$2,423,213    | \$144,972      | \$786,484      |
| Portion of above payable by HHS's funds on behalf of insured person, in dollars | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            |
| Portion of above payable by HHS on behalf of insured person, as %               | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | #DIV/0!        | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          |
| Total incurred claims, payable with issuer funds                                | \$183,341,724  | \$116,292,870  | \$1,396,567    | \$672          | \$19,564,820   | \$334,208      | \$7,683,729    | \$0            | \$92,233       | \$21,286,352   | \$175,199      | \$5,536,482    | \$4,733,441    | \$4,417,932    | \$171,240      | \$1,655,978    |
| Net Amt of Rein   | -\$674,295.00  | \$0.00         | -\$14,142.76   | -\$122.98      | -\$162,124.51  | -\$3,830.48    | -\$67,281.20   | \$0.00         | -\$2,115.99    | -\$203,847.46  | -\$1,649.39    | -\$82,103.97   | -\$55,384.64   | -\$54,035.47   | -\$4,619.00    | -\$23,037.15   |
| Net Amt of Risk Adj   | \$6,789,698.58 | \$0.00         | \$220,795.26   | -\$716.87      | \$298,778.45   | \$7,059.18     | \$123,992.19   | \$0.00         | \$3,899.54     | \$3,182,444.62 | \$63,160.56    | \$1,281,798.36 | \$864,659.08   | \$843,596.01   | -\$26,924.83   | -\$72,842.96   |
| Incurred Claims PMPM  | \$387.18       | \$405.04       | \$357.18       | \$19.78        | \$436.50       | \$315.59       | \$413.08       | #DIV/0!        | \$157.66       | \$377.71       | \$384.21       | \$243.91       | \$309.13       | \$295.73       | \$134.10       | \$260.01       |
| Allowed Claims PMPM   | \$451.20       | \$445.44       | \$479.14       | \$188.62       | \$483.17       | \$370.98       | \$481.24       | #DIV/0!        | \$184.96       | \$502.84       | \$684.88       | \$336.93       | \$449.28       | \$457.94       | \$247.62       | \$383.49       |
| EHB portion of Allowed Claims, PMPM   | \$448.60       | \$442.85       | \$479.14       | \$188.62       | \$480.36       | \$368.82       | \$478.45       | #DIV/0!        | \$183.89       | \$499.92       | \$680.90       | \$334.97       | \$446.67       | \$455.28       | \$246.18       | \$381.27       |



Product-Plan Data Collection

Company Legal Name:  
HIOS Issuer ID:  
Effective Date of Rate Change(s):

Group Hospitalization & Medical Services, Inc.  
78079  
1/1/2016

State: DC  
Market: Small Group

Product/Plan Level Calculations

| Section I: General Product and Plan Information |  |  |  |                                       |                                 |                                 |                                   |                               |                                  |                                |                                  |                              |                                |   |   |  |
|---|--|--|--|---------------------------------------|---------------------------------|---------------------------------|-----------------------------------|-------------------------------|----------------------------------|--------------------------------|----------------------------------|------------------------------|--------------------------------|---|---|--|
| Product   |  | Terminated Products<br>78079DC008      | BluePreferred Multi-State Plan<br>78079DC017 |                                       | BluePreferred PPO<br>78079DC022 |                                 |                                   |                               |                                  |                                |                                  |                              |                                |   |   |  |
| Product ID:                                     |  |  |  |                                       |                                 |                                 |                                   |                               |                                  |                                |                                  |                              |                                |   |   |  |
| Metal:  |  | Catastrophic                           | Gold   | Silver                                | Platinum                        | Platinum                        | Platinum                          | Gold                          | Platinum                         | Gold                           | Silver                           | Gold                         | Gold                           | Silver                                      | Silver                                    | Silver                                   |
| AV Metal Value                                  |  | 0.00%                                  | 81.60%                                       | 71.99%                                | 91.09%                          | 88.90%                          | 88.43%                            | 81.50%                        | 88.04%                           | 79.07%                         | 71.45%                           | 81.78%                       | 78.01%                         | 71.57%                                      | 71.91%                                    | 69.59%                                   |
| AV Pricing Value                                |  | 0.00%                                  | 112.34%                                      | 91.26%                                | 140.40%                         | 139.16%                         | 134.71%                           | 115.00%                       | 134.99%                          | 112.04%                        | 95.41%                           | 113.03%                      | 111.51%                        | 91.50%                                      | 92.37%                                    | 88.96%                                   |
| Plan Type:                                      |  | PPO                                    | PPO  | PPO                                   | PPO                             | PPO                             | PPO                               | PPO                           | PPO                              | PPO                            | PPO                              | PPO                          | PPO                            | PPO   | PPO                                       | PPO                                      |
| Plan Name                                       |  | Terminated Products<br>2014 Experience | Preferred 1000, a<br>Multi-State Plan        | Preferred 2000, a<br>Multi-State Plan | BluePreferred PPO<br>Platinum 0 | HealthyBlue PPO<br>Platinum 500 | BluePreferred PPO<br>Platinum 500 | BluePreferred PPO<br>Gold 500 | HealthyBlue PPO<br>Platinum 1000 | BluePreferred PPO<br>Gold 1000 | BluePreferred PPO<br>Silver 1000 | HealthyBlue PPO<br>Gold 1500 | BluePreferred PPO<br>Gold 1500 | BluePreferred PPO<br>HSA/HRA Silver<br>1500 | HealthyBlue PPO<br>HSA/HRA Silver<br>2000 | BluePreferred PPO HSA/HRA<br>Silver 2000 |
| Plan ID (Standard Component ID):                |  | 78079DC0080001                         | 78079DC0170001                               | 78079DC0170002                        | 78079DC0220024                  | 78079DC0220030                  | 78079DC0220025                    | 78079DC0220021                | 78079DC0220029                   | 78079DC0220020                 | 78079DC0220026                   | 78079DC0220027               | 78079DC0220031                 | 78079DC0220022                              | 78079DC0220028                            | 78079DC0220023                           |
| Exchange Plan?                                  |  | No                                     | Yes  | Yes                                   | Yes                             | Yes                             | Yes                               | Yes                           | Yes                              | Yes                            | Yes                              | Yes                          | Yes                            | Yes   | Yes                                       | Yes                                      |
| Historical Rate Increase - Calendar Year - 2    |  | 0.00%                                  | 0.00%  |                                       |                                 |                                 |                                   |                               |                                  |                                | 0.00%                            |                              |                                |   |   |  |
| Historical Rate Increase - Calendar Year - 1    |  | 0.00%                                  | 0.00%  |                                       |                                 |                                 |                                   |                               |                                  |                                | 0.00%                            |                              |                                |   |   |  |
| Historical Rate Increase - Calendar Year 0      |  | 0.00%                                  | 7.37%  |                                       |                                 |                                 |                                   |                               |                                  |                                | 10.69%                           |                              |                                |   |   |  |
| Effective Date of Proposed Rates                |  | 1/1/2016                               | 1/1/2016                                     | 1/1/2016                              | 1/1/2016                        | 1/1/2016                        | 1/1/2016                          | 1/1/2016                      | 1/1/2016                         | 1/1/2016                       | 1/1/2016                         | 1/1/2016                     | 1/1/2016                       | 1/1/2016                                    | 1/1/2016                                  | 1/1/2016                                 |
| Rate Change % (over prior filing)               |  | 0.00%                                  | 15.25%                                       | 17.08%                                | 10.06%                          | 13.57%                          | 13.76%                            | 11.24%                        | 13.14%                           | 11.10%                         | 33.27%                           | 9.90%                        | 15.57%                         | -2.17%                                      | 13.34%                                    | 9.84%                                    |
| Cumulative Rate Change % (over 12 mos prior)    |  | 0.00%                                  | 20.08%                                       | 21.96%                                | 14.68%                          | 18.34%                          | 18.54%                            | 15.90%                        | 17.89%                           | 15.76%                         | 38.87%                           | 14.51%                       | 20.42%                         | 1.91%                                       | 18.06%                                    | 14.42%                                   |
| Proj'd Per Rate Change % (over Exper. Period)   |  | #DIV/0!                                | 26.99%                                       | 29.11%                                | 22.39%                          | 27.17%                          | 26.15%                            | #DIV/0!                       | 26.02%                           | 26.77%                         | 50.36%                           | 28.33%                       | 30.78%                         | 8.85%                                       | 30.32%                                    | 24.99%                                   |
| Product Threshold Rate Increase %               |  | #DIV/0!                                | 20.44%                                       |                                       |                                 |                                 |                                   |                               |                                  |                                | 15.30%                           |                              |                                |   |   |  |

Section IV: Projected (12 months following effective date)

|   |               |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |
|---|---------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Plan ID (Standard Component ID):  | Total         | 78079DC0080001 | 78079DC0170001 | 78079DC0170002 | 78079DC0220024 | 78079DC0220030 | 78079DC0220025 | 78079DC0220021 | 78079DC0220029 | 78079DC0220020 | 78079DC0220026 | 78079DC0220027 | 78079DC0220031 | 78079DC0220022 | 78079DC0220028 | 78079DC0220023 |
| Plan Adjusted Index Rate  | \$616.64      | \$0.00         | \$559.51       | \$454.49       | \$699.22       | \$693.05       | \$670.89       | \$572.73       | \$672.26       | \$557.98       | \$475.16       | \$562.93       | \$555.38       | \$455.70       | \$460.03       | \$443.04       |
| Member Months   | 468,672       | -              | 4,080          | 1,200          | 174,216        | 4,368          | 79,236         | 4,416          | 2,448          | 66,012         | 3,768          | 28,404         | 38,400         | 35,628         | 4,968          | 21,528         |
| Total Premium (TP)  | \$289,002,255 | \$0            | \$2,282,795    | \$545,386      | \$121,815,049  | \$3,027,225    | \$53,158,833   | \$2,529,184    | \$1,645,702    | \$36,833,167   | \$1,790,415    | \$15,989,417   | \$21,326,431   | \$16,235,571   | \$2,285,404    | \$9,537,676    |
| EHB Percent of TP, [see instructions]   | 99.44%        | 0.00%          | 100.00%        | 100.00%        | 99.43%         | 99.43%         | 99.43%         | 99.43%         | 99.43%         | 99.43%         | 99.43%         | 99.43%         | 99.43%         | 99.43%         | 99.43%         | 99.43%         |
| state mandated benefits portion of TP that are other than EHB                   | 0.00%         | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          |
| Other benefits portion of TP  | 0.56%         | 100.00%        | 0.00%          | 0.00%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          |
| Total Allowed Claims (TAC)  | \$270,413,136 | \$0            | \$2,263,303    | \$608,166      | \$105,293,494  | \$2,639,953    | \$47,889,030   | \$2,463,658    | \$1,479,534    | \$36,827,673   | \$2,014,554    | \$15,846,410   | \$21,423,115   | \$18,159,387   | \$2,532,161    | \$10,972,698   |
| EHB Percent of TAC, [see instructions]  | 99.44%        | 0.00%          | 100.00%        | 100.00%        | 99.43%         | 99.43%         | 99.43%         | 99.43%         | 99.43%         | 99.43%         | 99.43%         | 99.43%         | 99.43%         | 99.43%         | 99.43%         | 99.43%         |
| state mandated benefits portion of TAC that are other than EHB                  | 0.00%         | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          |
| Other benefits portion of TAC   | 0.56%         | 100.00%        | 0.00%          | 0.00%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          | 0.57%          |
| Allowed Claims which are not the issuer's obligation                            | \$60,888,248  | \$0            | \$622,958      | \$224,940      | \$16,075,967   | \$424,303      | \$9,079,584    | \$642,171      | \$277,866      | \$10,366,755   | \$749,965      | \$4,349,836    | \$6,109,138    | \$6,748,326    | \$924,044      | \$4,292,395    |
| Portion of above payable by HHS's funds on behalf of insured person, in dollars | \$0           | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            | \$0            |
| Portion of above payable by HHS on behalf of insured person, as %               | 0.00%         |                | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          | 0.00%          |
| Total Incurred claims, payable with issuer funds                                | \$209,524,888 | \$0            | \$1,640,345    | \$383,226      | \$89,217,526   | \$2,215,650    | \$38,809,446   | \$1,821,488    | \$1,201,667    | \$26,460,918   | \$1,264,589    | \$11,496,574   | \$15,313,977   | \$11,411,062   | \$1,608,118    | \$6,680,303    |
| Net Amt of Rein   | -\$1,061,152  | \$0            | -\$9,238       | -\$2,717       | -\$394,454     | -\$9,890       | -\$179,404     | -\$9,999       | -\$5,543       | -\$149,462     | -\$8,531       | -\$64,311      | -\$86,944      | -\$80,668      | -\$11,248      | -\$48,743      |
| Net Amt of Risk Adj   | -\$18,196,671 | \$0            | -\$158,410     | -\$46,591      | -\$6,764,115   | -\$169,592     | -\$3,076,419   | -\$171,456     | -\$95,046      | -\$2,562,984   | -\$146,296     | -\$1,102,814   | -\$1,490,919   | -\$1,383,294   | -\$192,888     | -\$835,847     |
| Incurred Claims PMPM  | \$447.06      | #DIV/0!        | \$402.05       | \$319.35       | \$512.11       | \$507.25       | \$489.80       | \$412.47       | \$490.88       | \$400.85       | \$335.61       | \$404.75       | \$398.80       | \$320.28       | \$323.70       | \$310.31       |
| Allowed Claims PMPM   | \$576.98      | #DIV/0!        | \$554.73       | \$506.80       | \$604.38       | \$604.38       | \$604.38       | \$557.89       | \$604.38       | \$557.89       | \$534.65       | \$557.89       | \$557.89       | \$509.69       | \$509.69       | \$509.69       |
| EHB portion of Allowed Claims, PMPM   | \$573.74      | #DIV/0!        | \$554.73       | \$506.80       | \$600.96       | \$600.96       | \$600.96       | \$554.73       | \$600.96       | \$554.73       | \$531.62       | \$554.73       | \$554.73       | \$506.80       | \$506.80       | \$506.80       |

## Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

---

Name of Company

SERFF tracking number

Submission Date

Product Name

|             |            |             |
|-------------|------------|-------------|
| Market Type | Individual | Small Group |
|-------------|------------|-------------|

|                  |               |            |
|------------------|---------------|------------|
| Rate Filing Type | Rate Increase | New Filing |
|------------------|---------------|------------|

### Scope and Range of the Increase:

The        % increase is requested because:

This filing will impact:

# of policyholder's

# of covered lives

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved        %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved        %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved        %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

### Financial Experience of Product

The overall financial experience of the product includes:

The rate increase will affect the projected financial experience of the product by:

### Components of Increase

The request is made up of the following components:

*Trend Increases* –            % of the            % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is            % of the            % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is            % of the            % total filed increase.

*Other Increases* –            % of the            % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is            % of the            % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is            % of the            % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is            % of the            % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is            % of the            % total filed increase.

5. Other – Defined as:

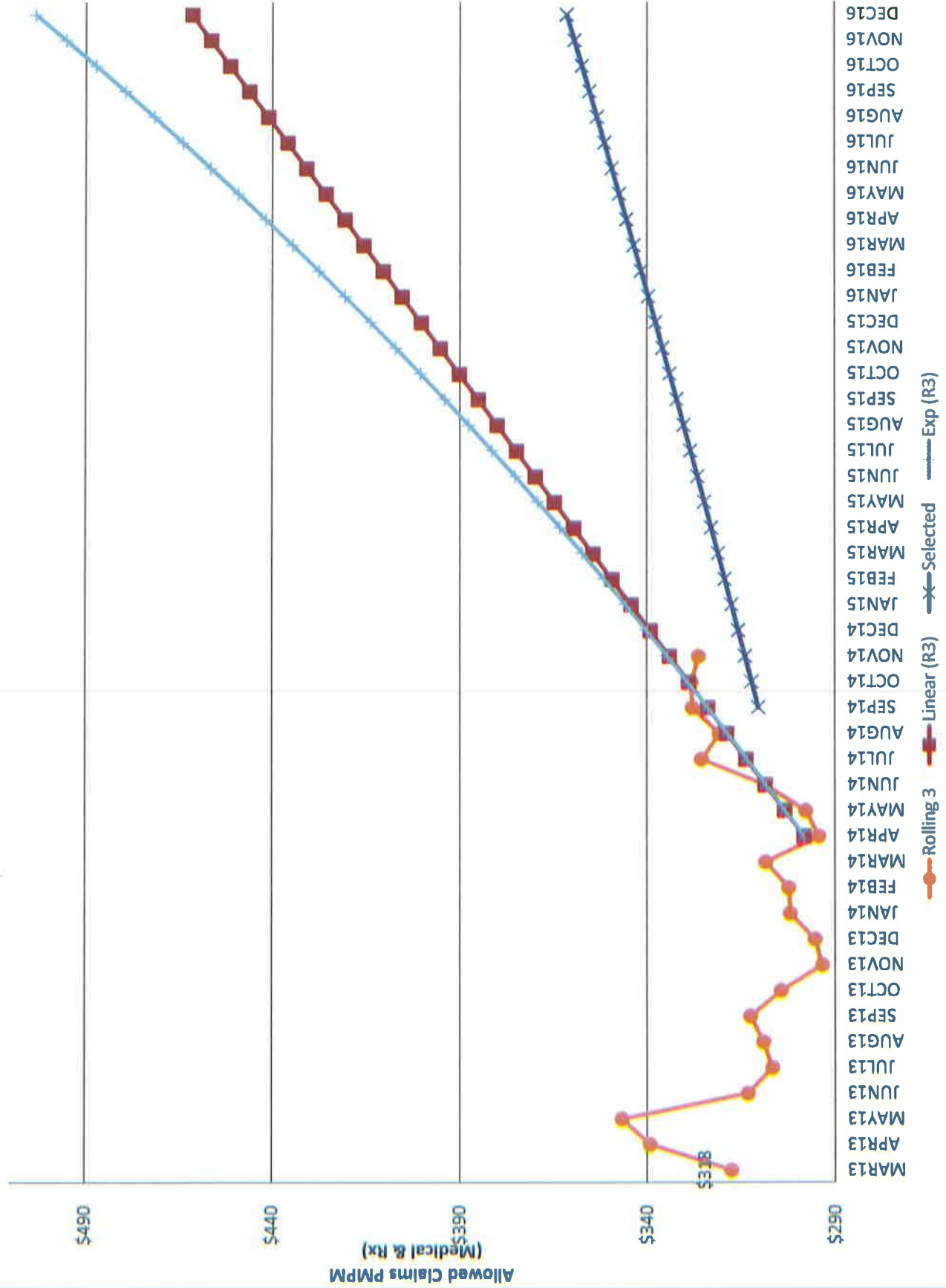
This component is            % of the            % total filed increase.

## 2016 ACA - TREND ANALYSIS SUMMARY - D.C. IND64- &amp; SG BLUECHOICE

ACA &amp; Pre-ACA Experience Combined

|    | 1                                 | 2       | 14                | 15               | 30       | 31         | 32                                   | 33                 | 34                              | 35                 |
|----|-----------------------------------|---------|-------------------|------------------|----------|------------|--------------------------------------|--------------------|---------------------------------|--------------------|
|    | TOTAL (Medical & RX)<br>ROLLING 3 |         |                   |                  |          |            |                                      |                    |                                 |                    |
|    |                                   |         | Allowed<br>Claims | Annual<br>Claims | Selected | Selected   | Linear Regression (R3)<br>Y = MX + B |                    | Exp Regression (R3)<br>Y = BM^X |                    |
|    |                                   |         |                   | $\Delta$         |          |            | M                                    | 5.100              | M                               | 1.016              |
|    |                                   |         |                   |                  |          |            | B                                    | 293.201            | B                               | 293.470            |
|    |                                   |         |                   |                  |          |            | R2 =                                 | 0.872              | R2 =                            | 0.865              |
|    |                                   |         |                   |                  |          |            | R12 Trend                            |                    | R12 Trend                       |                    |
|    |                                   |         |                   |                  |          |            | PMPM -<br>Linear Reg                 | Projected<br>PMPMs | PMPM -Exp<br>Reg                | Projected<br>PMPMs |
|    | Date                              | Members | PMPM              | Trend            | Trends   | Trends \$s |                                      |                    |                                 |                    |
| 1  | APR12                             | 13,072  |                   |                  |          |            |                                      |                    |                                 |                    |
| 2  | MAY12                             | 13,260  |                   |                  |          |            |                                      |                    |                                 |                    |
| 3  | JUN12                             | 13,321  | \$281             |                  |          |            |                                      |                    |                                 |                    |
| 4  | JUL12                             | 13,321  | \$288             |                  |          |            |                                      |                    |                                 |                    |
| 5  | AUG12                             | 13,340  | \$299             |                  |          |            |                                      |                    |                                 |                    |
| 6  | SEP12                             | 13,348  | \$296             |                  |          |            |                                      |                    |                                 |                    |
| 7  | OCT12                             | 13,454  | \$304             |                  |          |            |                                      |                    |                                 |                    |
| 8  | NOV12                             | 13,754  | \$283             |                  |          |            |                                      |                    |                                 |                    |
| 9  | DEC12                             | 13,872  | \$280             |                  |          |            |                                      |                    |                                 |                    |
| 10 | JAN13                             | 14,267  | \$271             |                  | 6.8%     |            |                                      |                    |                                 |                    |
| 11 | FEB13                             | 14,176  | \$284             |                  | 6.8%     |            |                                      |                    |                                 |                    |
| 12 | MAR13                             | 14,355  | \$318             |                  | 6.8%     |            |                                      |                    |                                 |                    |
| 13 | APR13                             | 14,585  | \$339             |                  | 6.8%     |            |                                      |                    |                                 |                    |
| 14 | MAY13                             | 14,689  | \$347             |                  | 6.8%     |            |                                      |                    |                                 |                    |
| 15 | JUN13                             | 14,972  | \$313             | 11.3%            | 6.8%     |            |                                      |                    |                                 |                    |
| 16 | JUL13                             | 15,193  | \$307             | 6.5%             | 6.8%     |            |                                      |                    |                                 |                    |
| 17 | AUG13                             | 15,488  | \$309             | 3.5%             | 6.8%     |            |                                      |                    |                                 |                    |
| 18 | SEP13                             | 15,763  | \$312             | 5.5%             | 6.8%     |            |                                      |                    |                                 |                    |
| 19 | OCT13                             | 16,055  | \$304             | 0.1%             | 6.8%     |            |                                      |                    |                                 |                    |
| 20 | NOV13                             | 16,393  | \$293             | 3.5%             | 6.8%     |            |                                      |                    |                                 |                    |
| 21 | DEC13                             | 17,209  | \$295             | 5.4%             | 6.8%     |            |                                      |                    |                                 |                    |
| 22 | JAN14                             | 17,238  | \$302             | 11.5%            | 7.0%     |            |                                      |                    |                                 |                    |
| 23 | FEB14                             | 17,254  | \$302             | 6.5%             | 7.0%     |            |                                      |                    |                                 |                    |
| 24 | MAR14                             | 17,187  | \$308             | -2.9%            | 7.0%     |            |                                      |                    |                                 |                    |
| 25 | APR14                             | 17,220  | \$294             | -13.2%           | 7.0%     |            | \$298                                |                    | \$298                           |                    |
| 26 | MAY14                             | 17,188  | \$298             | -14.1%           | 7.0%     |            | \$303                                |                    | \$303                           |                    |
| 27 | JUN14                             | 17,253  | \$309             | -1.5%            | 7.0%     |            | \$309                                |                    | \$308                           |                    |
| 28 | JUL14                             | 17,263  | \$325             | 6.1%             | 7.0%     |            | \$314                                |                    | \$313                           |                    |
| 29 | AUG14                             | 17,306  | \$321             | 3.8%             | 7.0%     |            | \$319                                |                    | \$318                           |                    |
| 30 | SEP14                             | 17,448  | \$328             | 4.9%             | 7.0%     | \$310      | \$324                                |                    | \$324                           |                    |
| 31 | OCT14                             | 17,524  | \$328             | 7.8%             | 7.0%     | \$312      | \$329                                |                    | \$329                           |                    |
| 32 | NOV14                             | 17,478  | \$326             | 11.2%            | 7.0%     | \$314      | \$334                                |                    | \$334                           |                    |
| 33 | DEC14                             | 18,034  | \$306             | 3.7%             | 7.0%     | \$316      | \$339                                |                    | \$340                           |                    |
| 34 | JAN15                             | 17,948  | \$309             | 2.2%             | 7.0%     | \$317      | \$344                                |                    | \$346                           |                    |
| 35 | FEB15                             | 17,944  | \$315             | 4.3%             | 7.0%     | \$319      | \$349                                |                    | \$351                           |                    |
| 36 | MAR15                             |         |                   |                  | 7.0%     | \$321      | \$354                                |                    | \$357                           |                    |
| 37 | APR15                             |         |                   |                  | 7.0%     | \$323      | \$360                                |                    | \$363                           |                    |
| 38 | MAY15                             |         |                   |                  | 7.0%     | \$325      | \$365                                |                    | \$369                           |                    |
| 39 | JUN15                             |         |                   |                  | 7.0%     | \$326      | \$370                                |                    | \$375                           |                    |
| 40 | JUL15                             |         |                   |                  | 7.0%     | \$328      | \$375                                |                    | \$381                           |                    |
| 41 | AUG15                             |         |                   |                  | 7.0%     | \$330      | \$380                                | 19.2%              | \$388                           | 21.7%              |
| 42 | SEP15                             |         |                   |                  | 7.0%     | \$332      | \$385                                | 18.9%              | \$394                           | 21.7%              |
| 43 | OCT15                             |         |                   |                  | 7.0%     | \$334      | \$390                                | 18.6%              | \$400                           | 21.7%              |
| 44 | NOV15                             |         |                   |                  | 7.0%     | \$336      | \$395                                | 18.3%              | \$407                           | 21.7%              |
| 45 | DEC15                             |         |                   |                  | 7.0%     | \$338      | \$400                                | 18.0%              | \$414                           | 21.7%              |
| 46 | JAN16                             |         |                   |                  | 7.0%     | \$340      | \$405                                | 17.8%              | \$421                           | 21.7%              |
| 47 | FEB16                             |         |                   |                  | 7.0%     | \$342      | \$411                                | 17.5%              | \$427                           | 21.7%              |
| 48 | MAR16                             |         |                   |                  | 7.0%     | \$343      | \$416                                | 17.3%              | \$434                           | 21.7%              |
| 49 | APR16                             |         |                   |                  | 7.0%     | \$345      | \$421                                | 17.0%              | \$442                           | 21.7%              |
| 50 | MAY16                             |         |                   |                  | 7.0%     | \$347      | \$426                                | 16.8%              | \$449                           | 21.7%              |
| 51 | JUN16                             |         |                   |                  | 7.0%     | \$349      | \$431                                | 16.6%              | \$456                           | 21.7%              |
| 52 | JUL16                             |         |                   |                  | 7.0%     | \$351      | \$436                                | 16.3%              | \$464                           | 21.7%              |
| 53 | AUG16                             |         |                   |                  | 7.0%     | \$353      | \$441                                | 16.1%              | \$472                           | 21.7%              |
| 54 | SEP16                             |         |                   |                  | 7.0%     | \$355      | \$446                                | 15.9%              | \$479                           | 21.7%              |
| 55 | OCT16                             |         |                   |                  | 7.0%     | \$357      | \$451                                | 15.7%              | \$487                           | 21.7%              |
| 56 | NOV16                             |         |                   |                  | 7.0%     | \$359      | \$456                                | 15.5%              | \$495                           | 21.7%              |
| 57 | DEC16                             |         |                   |                  | 7.0%     | \$361      | \$462                                | 15.3%              | \$503                           | 21.7%              |

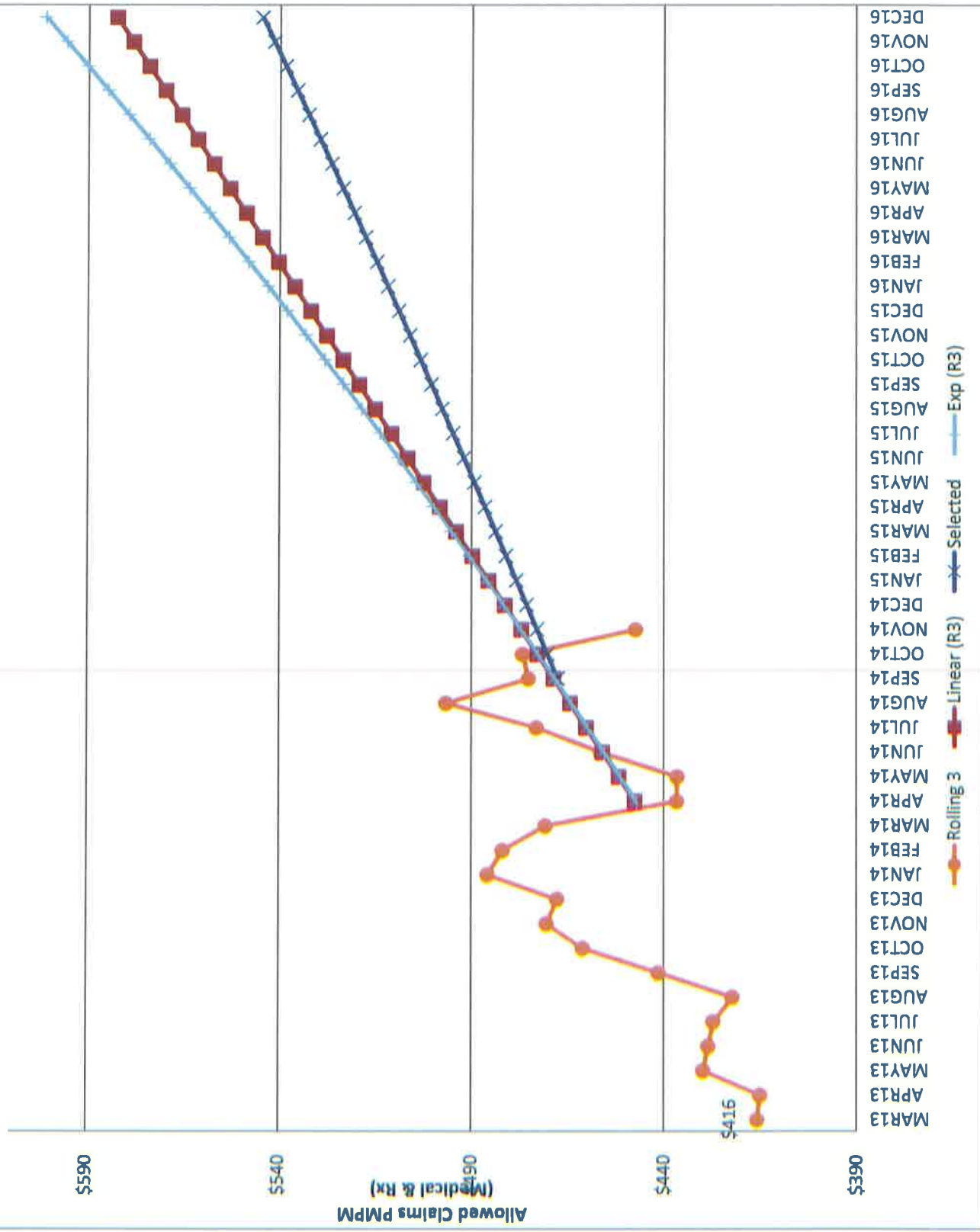
# IND64- & Small Group - D.C. - BC - PMPMs



**2016 ACA - TREND ANALYSIS SUMMARY - D.C. IND64- & SG GHMSI**  
**ACA & Pre-ACA Experience Combined**

|    | 1                    | 2       | 14      | 15     | 30       | 31         | 32                     | 33        | 34                  | 35        |
|----|----------------------|---------|---------|--------|----------|------------|------------------------|-----------|---------------------|-----------|
|    | TOTAL (Medical & RX) |         |         |        |          |            |                        |           |                     |           |
|    | ROLLING 3            |         |         |        |          |            |                        |           |                     |           |
|    |                      |         | Allowed | Annual |          |            | Linear Regression (R3) |           | Exp Regression (R3) |           |
|    |                      |         | Claims  | Claims | Selected | Selected   | Y = MX + B             |           | Y = BM^X            |           |
|    |                      |         |         | Δ      |          |            | M                      | 4.221     | M                   | 1.009     |
|    |                      |         |         |        |          |            | B                      | 443.311   | B                   | 443.043   |
|    |                      |         |         |        |          |            | R2 =                   | 0.423     | R2 =                | 0.418     |
|    |                      |         |         |        |          |            | R12 Trend              |           | R12 Trend           |           |
|    |                      |         |         |        |          |            | PMPM -                 | Projected | PMPM -Exp           | Projected |
|    |                      |         |         |        |          |            | Linear Reg             | PMPMs     | Reg                 | PMPMs     |
|    | Date                 | Members | PMPM    | Trend  | Trends   | Trends \$s |                        |           |                     |           |
| 1  | APR12                | 17,361  |         |        |          |            |                        |           |                     |           |
| 2  | MAY12                | 17,497  |         |        |          |            |                        |           |                     |           |
| 3  | JUN12                | 17,460  | \$396   |        |          |            |                        |           |                     |           |
| 4  | JUL12                | 17,518  | \$400   |        |          |            |                        |           |                     |           |
| 5  | AUG12                | 17,587  | \$393   |        |          |            |                        |           |                     |           |
| 6  | SEP12                | 17,726  | \$394   |        |          |            |                        |           |                     |           |
| 7  | OCT12                | 17,856  | \$392   |        |          |            |                        |           |                     |           |
| 8  | NOV12                | 17,948  | \$391   |        |          |            |                        |           |                     |           |
| 9  | DEC12                | 17,924  | \$391   |        |          |            |                        |           |                     |           |
| 10 | JAN13                | 17,778  | \$405   |        | 6.8%     |            |                        |           |                     |           |
| 11 | FEB13                | 17,642  | \$407   |        | 6.8%     |            |                        |           |                     |           |
| 12 | MAR13                | 17,774  | \$416   |        | 6.8%     |            |                        |           |                     |           |
| 13 | APR13                | 17,687  | \$415   |        | 6.8%     |            |                        |           |                     |           |
| 14 | MAY13                | 17,697  | \$430   |        | 6.8%     |            |                        |           |                     |           |
| 15 | JUN13                | 17,472  | \$429   | 8.3%   | 6.8%     |            |                        |           |                     |           |
| 16 | JUL13                | 17,747  | \$427   | 6.7%   | 6.8%     |            |                        |           |                     |           |
| 17 | AUG13                | 17,940  | \$422   | 7.3%   | 6.8%     |            |                        |           |                     |           |
| 18 | SEP13                | 17,857  | \$441   | 12.2%  | 6.8%     |            |                        |           |                     |           |
| 19 | OCT13                | 17,972  | \$461   | 17.5%  | 6.8%     |            |                        |           |                     |           |
| 20 | NOV13                | 18,185  | \$470   | 20.3%  | 6.8%     |            |                        |           |                     |           |
| 21 | DEC13                | 18,221  | \$468   | 19.6%  | 6.8%     |            |                        |           |                     |           |
| 22 | JAN14                | 18,211  | \$486   | 20.0%  | 7.0%     |            |                        |           |                     |           |
| 23 | FEB14                | 18,127  | \$482   | 18.5%  | 7.0%     |            |                        |           |                     |           |
| 24 | MAR14                | 18,059  | \$471   | 13.2%  | 7.0%     |            |                        |           |                     |           |
| 25 | APR14                | 17,968  | \$437   | 5.2%   | 7.0%     |            | \$448                  |           | \$447               |           |
| 26 | MAY14                | 17,944  | \$437   | 1.6%   | 7.0%     |            | \$452                  |           | \$451               |           |
| 27 | JUN14                | 17,923  | \$456   | 6.5%   | 7.0%     |            | \$456                  |           | \$456               |           |
| 28 | JUL14                | 17,785  | \$473   | 10.7%  | 7.0%     |            | \$460                  |           | \$460               |           |
| 29 | AUG14                | 17,712  | \$497   | 17.6%  | 7.0%     |            | \$464                  |           | \$464               |           |
| 30 | SEP14                | 17,629  | \$475   | 7.6%   | 7.0%     | \$468      | \$469                  |           | \$468               |           |
| 31 | OCT14                | 17,481  | \$477   | 3.4%   | 7.0%     | \$470      | \$473                  |           | \$473               |           |
| 32 | NOV14                | 17,484  | \$447   | -4.9%  | 7.0%     | \$473      | \$477                  |           | \$477               |           |
| 33 | DEC14                | 16,929  | \$466   | -0.4%  | 7.0%     | \$476      | \$481                  |           | \$481               |           |
| 34 | JAN15                | 16,778  | \$466   | -4.1%  | 7.0%     | \$478      | \$486                  |           | \$486               |           |
| 35 | FEB15                | 16,836  | \$494   | 2.5%   | 7.0%     | \$481      | \$490                  |           | \$490               |           |
| 36 | MAR15                |         |         |        | 7.0%     | \$484      | \$494                  |           | \$495               |           |
| 37 | APR15                |         |         |        | 7.0%     | \$486      | \$498                  |           | \$500               |           |
| 38 | MAY15                |         |         |        | 7.0%     | \$489      | \$502                  |           | \$504               |           |
| 39 | JUN15                |         |         |        | 7.0%     | \$492      | \$507                  |           | \$509               |           |
| 40 | JUL15                |         |         |        | 7.0%     | \$495      | \$511                  |           | \$514               |           |
| 41 | AUG15                |         |         |        | 7.0%     | \$498      | \$515                  | 10.9%     | \$518               | 11.7%     |
| 42 | SEP15                |         |         |        | 7.0%     | \$500      | \$519                  | 10.8%     | \$523               | 11.7%     |
| 43 | OCT15                |         |         |        | 7.0%     | \$503      | \$524                  | 10.7%     | \$528               | 11.7%     |
| 44 | NOV15                |         |         |        | 7.0%     | \$506      | \$528                  | 10.6%     | \$533               | 11.7%     |
| 45 | DEC15                |         |         |        | 7.0%     | \$509      | \$532                  | 10.5%     | \$538               | 11.7%     |
| 46 | JAN16                |         |         |        | 7.0%     | \$512      | \$536                  | 10.4%     | \$543               | 11.7%     |
| 47 | FEB16                |         |         |        | 7.0%     | \$515      | \$540                  | 10.3%     | \$548               | 11.7%     |
| 48 | MAR16                |         |         |        | 7.0%     | \$518      | \$545                  | 10.3%     | \$553               | 11.7%     |
| 49 | APR16                |         |         |        | 7.0%     | \$521      | \$549                  | 10.2%     | \$558               | 11.7%     |
| 50 | MAY16                |         |         |        | 7.0%     | \$523      | \$553                  | 10.1%     | \$563               | 11.7%     |
| 51 | JUN16                |         |         |        | 7.0%     | \$526      | \$557                  | 10.0%     | \$569               | 11.7%     |
| 52 | JUL16                |         |         |        | 7.0%     | \$529      | \$562                  | 9.9%      | \$574               | 11.7%     |
| 53 | AUG16                |         |         |        | 7.0%     | \$532      | \$566                  | 9.8%      | \$579               | 11.7%     |
| 54 | SEP16                |         |         |        | 7.0%     | \$535      | \$570                  | 9.8%      | \$585               | 11.7%     |
| 55 | OCT16                |         |         |        | 7.0%     | \$538      | \$574                  | 9.7%      | \$590               | 11.7%     |
| 56 | NOV16                |         |         |        | 7.0%     | \$542      | \$578                  | 9.6%      | \$596               | 11.7%     |
| 57 | DEC16                |         |         |        | 7.0%     | \$545      | \$583                  | 9.5%      | \$601               | 11.7%     |

# IND64- & Small Group - D.C. - GHMSI - PMPMs





# INDUSTRY TRENDS a/o 2/27/15

| 1  | 2               | 3      | 4                           | 5                       | 6           | 7           | 8           | 9            | 10          | 11          | 12          | 13          | 14          |
|----|-----------------|--------|-----------------------------|-------------------------|-------------|-------------|-------------|--------------|-------------|-------------|-------------|-------------|-------------|
|    |                 |        | Effective<br>Time<br>Period | Medical Only<br>Non-CDH | Non-CDH     | CDH         | General     | Specialty    | Overall     | DHMO        | PPO         | TRAD        | Vision      |
| 1  | AON Hewitt      | CD+GP  | Mean                        | 7/1/14 - 12/31/14       | HMO         | 8.3%        | 6.3%        | 18.2%        | 9.2%        | 4.3%        | 4.9%        | 5.7%        | 2.5%        |
| 2  | BCBSA           | IND64- | Median                      | 1/1/14 - 12/31/14       | PPO         | 8.3%        | 6.3%        | 18.2%        | 9.1%        | 4.3%        | 4.9%        | 5.7%        | 2.5%        |
| 3  | GROUP           | Median | 1/1/14 - 12/31/14           | 7.0%                    | 7.1%        | 8.3%        | 6.3%        | 18.2%        | 9.1%        | 4.3%        | 4.9%        | 5.7%        | 2.5%        |
| 4  | Oliver Wyman    | IND64- | Median                      | 1/1/15                  | 7.4%        | 9.0%        | 6.3%        | 18.2%        | 11.0%       | 4.5%        | 5.0%        | 5.0%        | 4.0%        |
| 5  |                 | Median | 1/1/15                      | 6.5%                    | 7.0%        | 9.0%        | 6.3%        | 18.2%        | 10.3%       | 4.1%        | 4.9%        | 5.5%        | 3.0%        |
| 6  | Buck            | Mean   | 1/1/14 - 12/31/14           | 8.1%                    | 8.6%        | 8.4%        | 6.3%        | 18.2%        | 7.9%        | 4.5%        | 5.2%        | 4.4%        |             |
| 7  | Willis          | Mean   | 1/1/15-12/31/15             | 8.0%                    | 8.9%        | 8.7%        | 6.3%        | 18.2%        |             |             |             |             |             |
| 8  | Deloitte        | Mean   | 1/1/14 - 12/31/14           | 9.2%                    | 9.8%        | 9.2%        | 6.3%        | 18.2%        |             |             |             |             |             |
| 9  | Deloitte        | Median | 1/1/14 - 12/31/14           | 8.9%                    | 9.5%        | 8.9%        | 6.3%        | 18.2%        |             |             |             |             |             |
| 10 | <b>AVERAGE:</b> |        |                             | <b>7.9%</b>             | <b>8.3%</b> | <b>8.8%</b> | <b>6.3%</b> | <b>18.2%</b> | <b>9.5%</b> | <b>4.3%</b> | <b>5.0%</b> | <b>5.1%</b> | <b>3.2%</b> |
| 11 | Low:            |        |                             | 6.6%                    | 6.5%        | 8.3%        | 6.3%        | 18.2%        | 7.9%        | 4.1%        | 4.9%        | 4.4%        | 2.5%        |
| 12 | High:           |        |                             | 9.2%                    | 9.8%        | 9.2%        | 6.3%        | 18.2%        | 11.0%       | 4.5%        | 5.2%        | 5.7%        | 4.0%        |